Spring Sports Fee Registration Form

Effective July 1, 2017, the following fee structure has been adopted by the Watertown Public Schools Board of Education:

1. A fee of $80 per student per sport with a family cap of $160.
2. The fee structure may be waived for students qualifying for Free or Reduced Lunch.
3. All athletes must return a form with necessary information completed.

*Please complete the information below:

**Swift Middle School Spring Sports**

| Circle One: | Baseball | Softball |

**Watertown High School Spring Sports**

<table>
<thead>
<tr>
<th>Circle One:</th>
<th>Girls LAX</th>
<th>Boys LAX</th>
<th>Baseball</th>
<th>Softball</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Girls Track</td>
<td>Boys Track</td>
<td>Golf</td>
<td>Boys Tennis</td>
</tr>
<tr>
<td></td>
<td>Girls Tennis</td>
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</tbody>
</table>

Print Student's first and last name:

☐ Check this box if student is approved for free or reduced lunch.

If a student is approved for free or reduced lunch, **Addendum A (On Reverse Side of this form)** must be filled out and returned prior to waiving any fee.

☐ Check this box if family has reached household maximum of $160 for the year.

- **$80 Pay to Participate Fee may be paid through MySchoolBucks (when registering only)**
  - If you prefer, payment can still be submitted by check or cash with this form.
    - Make checks payable to **Watertown High School**. **If check is returned, a fee of $15 will be charged, and payment will need to be cash only.**
    - On the memo line of the check, please print your **child's name**, and the **name of the club or sport**.
- Payment and/or form must be received by 3/22/24

Please list any other children that are playing sports, include grade and school.

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Parent/Guardian Signature: ____________________________  Date: ________________

*Watertown High School is creating a rigorous and accepting place of learning for all students.*

*We believe that our students will leave us better prepared for any success or challenge.*
Dear Parent/Guardian:

To save you time and effort, the information you provided on your Free and Reduced-price School Meals/Milk Application may be shared with other programs for which your children may qualify. We must have your permission to share this information with other programs. Please sign below for any additional benefits you are interested in receiving. By signing for the benefits, you are certifying that you are the parent/guardian of the children for whom the application is being made. Note: Submitting this form will not change whether your children get free or reduced-price meals or free milk.

☐ NO, I do not want information from my Free and Reduced-price School Meals Milk Application shared with any of these programs.

☐ YES, I do want school officials to share information from my Free and Reduced-price School Meals/Milk Application with the programs checked below. Check all that apply.

☐ Pay to Play Sports, Athletic Director, Paul Catuccio

☐ Testing Fees, Guidance Department

☐ Field Trip Fee, School Principal

☐ Community Donation

If you checked YES for any boxes above, complete the information below and sign the form. Your information will be shared only with the people and applicable programs you checked.

Please Print

Child’s name: ___________________________ School: ___________________________

Child’s name: ___________________________ School: ___________________________

Parent/guardian name: ___________________________

Address: ___________________________ City: ___________________________ State: _____ Zip: _____

Signature of parent/guardian: ___________________________ Date: ____________

For more information, please call Ashley Onion at 860-945-4819. Return this form to 324 French Street, Watertown CT 06795 or your child’s school office by September 27, 2019.

Nondiscrimination Statement: This explains what to do if you believe you have been treated unfairly.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov

This institution is an equal opportunity provider.