

**Athletic Participation Fee Form for Fall 2017  
For All JFK and Enfield High School Student/Athletes**

Please fill out and return this form with the Participation Fee check:  
**\$100.00 per athlete for all fall sports**

Name of Student/Athlete: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Parent/Guardian Contact Phone Number: \_\_\_\_\_

School:     JFK \_\_\_\_\_     Enfield H.S. \_\_\_\_\_     Grade: \_\_\_\_\_

Fall Sport \_\_\_\_\_

List all siblings who will play a sport this fall 2017 at JFK or Enfield High:

Name \_\_\_\_\_ Sport \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Sport \_\_\_\_\_ School \_\_\_\_\_

All fees are to be paid in full prior to the first contest. Students who qualify for free/reduced lunch must have their applications updated with nutrition services. Those who receive free lunch pay \$0 and reduced lunch pay \$40 each. All lunch programs and anyone else requesting a reduction due to a family situation must request the fee reduction either by e-mail or a letter directly to Cory O'Connell, Athletic Director, explaining the reason for the request.

**ALL CHECKS ARE TO BE MADE OUT TO:  
"ENFIELD ATHLETICS"  
WITH A MEMO: "PARTICIPATION FEE"  
\$100.00 per athlete for all fall sports**

PLEASE SIGN AND DATE BELOW, THEN RETURN THIS FORM WITH THE CHECK. **ALL PARTICIPATION FORMS MUST BE RETURNED TO THE ATHLETIC DEPARTMENT EVEN IF THE FEE IS WAIVED OR FREE.** THE ATHLETIC DEPARTMENT IS LOCATED AT ENFIELD HIGH SCHOOL. YOU MAY DROP IT OFF OR MAIL IT DIRECTLY TO THE HIGH SCHOOL AT 1264 ENFIELD STREET.

I have read and understand the Athletic Participation fee policy.

PARENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Please address any questions to:  
Cory O'Connell, Enfield Public Schools Athletic Director  
1264 Enfield Street Enfield, CT 06082  
Phone: 860-253-6551 E-mail: [coconnell@enfieldschools.org](mailto:coconnell@enfieldschools.org)

Revised 8/8/17

## **Athletic Participation Fee Information for Fall 2017 For All JFK and Enfield High School Student/Athletes**

As per direction of the Board of Education all student/athletes at JFK & Enfield will be charged a participation fee if they are going to try out for and plan to participate on any sport team or other activity that is part of the Athletic Department. These fees will allow us to continue with our athletic programs for this school year.

The Following Guidelines Have Been Established:

- A. A flat fee of \$100 per student, per sport will be charged. Students who qualify and have updated forms with Nutrition Services for free/reduced lunch will pay as follows: **FREE LUNCH: \$0 AND REDUCED LUNCH: \$40 EACH**. All lunch program and any other family with a special situation must request a fee reduction by completing the Participation Waiver Form and delivering letter directly to Cory O'Connell, Director of Athletics located at Enfield High School.
- B. There are annual maximum caps of \$200 per individual student/athlete and \$400 per family. The family cap applies to all JFK and high school sports and activities that are part of the Athletic Department. **ALL FORMS MUST BE RETURNED.**
- C. The fee and form are to be **DROPPED OFF OR SENT DIRECTLY TO THE ATHLETIC DEPARTMENT** during the first week of practice. **ANY ATHLETE WHO HAS NOT PAID THEIR FEE AND/OR TURNED IN FORM PRIOR TO THE FIRST CONTEST WILL NOT BE ALLOWED TO PARTICIPATE UNTIL THE FEE IS PAID IN FULL OR THE AD HAS BEEN CONTACTED AND APPROVED THE FORM.**
- D. The fee will be returned if an athlete is cut from or does not make a team. Once the first contest has been held, there will be no refunds to students who quit the team or are dismissed for violation of rules. The only exception would be in the case of a season ending injury that occurred while participating on the team. That fee would then be prorated depending upon when the injury occurred and the athlete was no longer able to participate.
- E. The methods of payment are limited to the following: personal check, bank check or money order. **NO CASH WILL BE ACCEPTED**. All checks must be made payable to, "ENFIELD ATHLETICS", with a memo on the check "PARTICIPATION FEE". Any check that is returned due to insufficient funds may result in suspension of the athlete from the team until the appropriate fee is received.
- F. **PAYMENT OF PARTICIPATION FEE DOES NOT GUARANTEE ANY PLAYING TIME; IT MERELY ALLOWS THE INDIVIDUAL TO BECOME A MEMBER OF THE TEAM.**

If you have any questions regarding the Participation Fee, please contact the Athletic Office at 860-253-6551 or at [coconnell@enfieldschools.org](mailto:coconnell@enfieldschools.org).

**PLEASE FILL OUT ALL INFORMATION ON THE  
ATHLETIC PARTICIPATION FEE FORM, SIGN, DATE IT AND  
RETURN IT WITH THE CHECK.  
ALL FORMS MUST BE RETURNED EVEN IF  
THE FEE IS DECREASED OR WAIVED.**

**ENFIELD PUBLIC SCHOOLS  
ATHLETICS DEPARTMENT**

**Participation Fee Waiver Form**

Student Athlete Name: \_\_\_\_\_ Sport: \_\_\_\_\_

\_\_\_ My child has been approved for the free or reduced meals for the current school year. Attached is a copy of the Parent Notification letter received from my child's school.

\_\_\_ My child has been approved for the free or reduced meals for the current school year. However, I do not have a copy of the Parent Notification letter. I authorize the Nutrition Services Department to release information to the Athletic Department concerning the free and reduced status of my child.

\_\_\_ I cannot afford to pay the participation fee at this time because:  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Best phone number to call to discuss if necessary: (\_\_\_\_\_) \_\_\_\_\_

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Office Use Only

Date Form Received: \_\_\_\_\_ by \_\_\_\_\_