



St. Croix Central Athletic Fee Collection Form



Instructions:

- Please complete **one form per athlete**, **SIGN**, and make payment prior to the first practice for each sport.
- Make check payable to SCC. Your check will serve as your receipt.
- Please allow 2 business days for processing.
- Please print information.

School: SCC Middle School SCC High School

Athlete's Last Name: _____ First Name: _____ Grade: _____

Parent/Guardian Last Name: _____ First Name: _____

Mailing Address: _____ Phone: _____

Other siblings participating in sports: _____

Please check boxes for which payment is included (Middle School \$50, High School \$75)

Fall Sports

- Cheerleading..... \$75
- Cross Country – Men \$50/75
- Cross Country – Women..... \$50/75
- Dance \$75
- Football..... \$50/75
- Golf – Women \$75
- Volleyball \$50/75

Winter Sports

- Basketball – Men \$50/75
- Basketball – Women..... \$50/75
- Cheerleading \$75
- Dance \$75
- Wrestling..... \$50/75

Spring Sports

- Baseball \$75
- Golf – Men \$75
- Softball..... \$75
- Track – Men \$50/75
- Track – Women..... \$50/75

Hockey fees will be collected by Baldwin-Woodville School District for men and River Falls School District for women

National School Lunch Consent

The information you supplied on your Free and Reduced School Meals Application will not be shared with other programs for which your children may qualify without your consent. **We must have your permission to share this information for the waiver on your participation fees.**

YES! I give permission to use the NSL free and reduced information to receive the waiver for SCC sports.

Check if applicable:

- Individual Cap: \$100/150
- Family Cap: \$300 per year
- Qualify for free participation (receive free or reduced lunch)

Athletic Fee Reimbursement:

The athletic fee will not be reimbursed after the first practice. Fees will not be prorated or reimbursed due to shortened seasons.

This form must be completed, SIGNED, and submitted to the school office prior to student participation

Signature of Parent/Guardian: _____ Date: _____

TOTAL PAYMENT: _____ **Paid by:** **Cash** **Check**

Office
Use
Only

Date Paid: _____ Amount: _____ Check # _____