

Watertown Public Schools: Athletics

324 French St., Watertown, CT 06795 Telephone: (860) 945-4810 Fax: (860) 945-3348

Paul Catuccio - Director of Athletics and Activities

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:		Watertown High School Spring Sports Circle One:					
Baseball	Softball	Girls LAX Girls Track Girls Tennis	Boys LAX Boys Track		Softball Boys Tennis		
Print Student's first and last na Check this box if student If a student is approved must be filled out and re	is approved for free for free or reduced	lunch, Addendu		erse Side of t	his form)		
Make ch\$15 willOn the n		through MyScho submitted by chec atertown High S syment will need t	oolBucks (whe ck or cash with chool. If check to be cash only	en registering this form. k is returned,	a fee of		
• Payment and/or form	-	by 3/22/24					
•	that are playing s		ade and schoo	ol.			
Parent/Guardian Signature:		MINISTER CONTRACTOR OF THE CON		Date:			
Watertown High School	l is creating a rigoro	us and accepting p	place of learning	g for all studen	ıts.		

We believe that our students will leave us better prepared for any success or challenge.

Addendum A: Sharing Information with Other Programs

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:		747					
Address:	City:			State:	Zip:		
Signature of parent/guardi	an:		Date:	****			
	e call Ashley Onion at 860-945-4819 our child's school office by Septemb			o 324 Frenc	h Street,		

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:

- 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.a usda.gov

This institution is an equal opportunity provider.