

OTSEGO SCHOOL DISTRICT
2009 - 2010 PAY-TO-PARTICIPATE REGISTRATION
WAIVER
ALL SPORTS, CLUBS & ORGANIZATIONS

Student Name _____ Grade _____
(Please Print)

Student Name _____ Grade _____
(Please Print)

Student Name _____ Grade _____
(Please Print)

Student Name _____ Grade _____
(Please Print)

Address _____

Phone _____

(Office use only)

Parents/Guardians: Please read and sign below.

I am applying for the Pay-to-Participate WAIVER. I confirm that my family is eligible for free or reduced lunch assistance.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Name (please print) _____