



ANN ARBOR PUBLIC SCHOOLS

John Young

Ann Arbor Skyline High School  
2552 N. Maple Road  
Ann Arbor, MI 48103

Athletic Supervisor  
734.994.7075  
[youngj@aaps.k12.mi.us](mailto:youngj@aaps.k12.mi.us)

July 1, 2010

Dear Prospective Skyline Student Athlete:

I hope this letter finds you enjoying your summer break! Fall practices are just around the corner and we are excited about the upcoming 2010-2011 school year. With the addition of the Class of 2014, all of our Eagles programs will be competing at the varsity level and we are anticipating a successful year.

Enclosed you will find the documents necessary for you to compete as a student athlete at Skyline. Please read them carefully and fill them out completely. You must have a physical performed after April 15, 2010. You will **not be allowed to tryout or practice unless all forms are turned in and all appropriate payments are made.**

There is one change over last year's process; that being the pay to participate fee enacted by Ann Arbor Public Schools. **All student athletes will be required to pay \$150 for their first sport and \$75 for their second sport.** Students who qualify for free or reduced lunch will have their fee waived. Students who do not qualify for free or reduced lunch but demonstrate financial hardship may apply for a waiver as well. Be sure to read the Athletic Participation Fee and Letter of Understanding for more information.

Students who play on a no-cut team will be required to turn in all of the attached forms, pay the \$30 Athletic Benefit Fee and pay the appropriate Pay to Participate fee prior to the first day of practice. Those who are trying out for a team will be required to turn in all paperwork and the \$30 Athletic Benefit Fee prior to tryouts. The Pay to Participate fee will be due after final cuts are made. All fees are non-refundable.

You will be required to turn in ALL of the following forms before you will be allowed to practice or tryout. **No forms will be accepted unless ALL forms are completed properly and payment is enclosed.**

- Physical form signed by physician. (Physical performed after 4/15/10)
- Student athlete statement – Signed by student athlete AND parent
- Emergency card for each sport the student athlete will be playing
- Athletic Participation Fee and Letter of Understanding– Signed by student AND parent
- Appropriate payments

All payments may be made at the Skyline Athletic Department, at Community Rec & Ed located at Pioneer High School, or online at [http://reced.aaps.k12.mi.us/reced.home/rec\\_\\_ed\\_home](http://reced.aaps.k12.mi.us/reced.home/rec__ed_home). Those who pay online or at Rec & Ed must obtain a receipt of payment and provide it when forms are turned in at the Skyline Athletic Department.

If you have any questions please contact the Skyline Athletic Department at 734-994-7075.

Sincerely,

John Young  
Skyline Athletic Supervisor



## STUDENT-ATHLETE PARTICIPATION STATEMENT:

This application to participate in interscholastic athletics is voluntary on my part and the information submitted is truthful to the best of my knowledge. I have never received money or merchandise in any amount, or any emblematic award worth more than \$25.00 for participating in an athletic event. I have never competed under an assumed name. After I have represented Skyline High School in any sport, I promise not to compete in any outside athletic contest in that sport until after the high school season has been completed. **I understand that by participating in a sport I am exposing myself to the risk of serious injury, paralysis or death.** I, also, understand that I am expected to adhere firmly to all established athletic policies of my coach, the Skyline High School Athletic Department, the Ann Arbor Public Schools, and the Michigan High School Athletic Association. In accordance with District eligibility policy, I acknowledge that I am required to have a 2.0 grade point average AND be passing at minimum of 67% of my classes in order to try out AND to continue athletic participation. I understand that I cannot compete in outside athletic contests in the sport I am playing for Skyline until my high school season has ended. I affirm that I legitimately reside in the Skyline High School attendance area or the District has given me permission to attend Skyline High School. And I have read and agree to the Athletic Code of Conduct.

→Date \_\_\_\_\_ Athlete's Signature \_\_\_\_\_

## PARENT OR GUARDIAN NOTIFICATION AND CONSENT:

I hereby give my consent for the above named high school student to participate in interscholastic athletics at Ann Arbor Skyline High School during the 2010-2011 school year. I give permission for said student to travel on all athletic trips scheduled for his/her team. I understand that occasionally a coach may assign my child to ride to an athletic event with a selected adult driver in a privately owned vehicle. In granting this permission I assume full responsibility for any damage to person or property caused by my child. I agree that if it is determined that my child needs medical or dental treatment while on a field trip, I will be responsible for any such treatment determined necessary by a physician, dentist, athletic trainer, coaches or emergency medical personnel. I give my permission to the team physician, all coaches and athletic trainers to care for and provide appropriate medical treatment for my son/daughter in the event of an injury. I authorize the athletic training staff and team physicians the right to release information regarding injuries or illnesses that may occur to my child to his/her coaches, emergency medical personnel school officials (athletic secretary, school nurse, administrators). Furthermore, this information will be provided to the school's contracted insurance carrier in the event of a claim. The consent to release medical information will expire one (1) year from the date I have signed it. I also understand that this consent may be revoked at any time by me in writing but in doing so my son/daughter may be prevented from participating. I further agree that if the behavior or health of my child should make it necessary to send him/her home prior to the scheduled return time, I will be responsible for those expenses. I understand that no child will be sent home unaccompanied by an adult. A coach will accompany the athlete during the scheduled activity. I agree to reimburse the Ann Arbor Public Schools for equipment issued to my son or daughter that is not returned at the end of the season. **I understand that by participating in interscholastic athletics my son/daughter is exposing himself/herself to the risk of serious injury, paralysis or death.** I verify that my child has not been sick within the last two weeks. I, also, understand that my son/daughter is expected to adhere firmly to all established athletic policies of his/her coach, the Skyline High School Athletic Department, the Ann Arbor Public Schools, and the Michigan High School Athletic Association. In accordance with District eligibility policy, I acknowledge that my child is required to have a 2.0 grade point average AND be passing at minimum of 67% of his/her classes in order to try out AND to continue athletic participation. I understand that if my child receives special education services I can consult with the teacher consultant for a change in eligibility standards. I understand that college athletic participation requires meeting NCAA standards of 2.0 grade point average in core classes and minimum scores on ACT and SAT tests. I give permission to have the following information regarding my son/daughter without additional consent: student's name, class designation, extracurricular participation, honor and awards, height and weight (for team rosters), and photographic, video or computer image. I understand that my child cannot compete in outside athletic contest in the sport while playing for Skyline until the high school season has ended. I understand that any school equipment given to my child during the year will be returned or I will pay for it as new. I affirm that I legitimately reside in the Skyline High School attendance area or the District has given me permission to attend Skyline High School. And I have read and agree to the Athletic Code of Conduct.

→Date \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_

## >>> ELIGIBILITY INFORMATION

**10th, 11th, and 12th graders enrolled at other schools or in summer school, this past year will need a copy of those grades for the purpose of eligibility. Bring grades with you at the time of registration. Failure to bring requested grades would delay participation.**

**Athletic Benefit Fee (Non-Refundable): All student athletes – one time fee. \$30**

**Athletic Participation Fee (Non Refundable): 1<sup>st</sup> sport \$150; 2<sup>nd</sup> sport \$75**

**Make checks payable to Ann Arbor Public Schools.**

- Students may not tryout or practice until the Athletic Benefit Fee is paid.
- Athletic Participation Fee is due the first day of practice in non-tryout sports and the day after tryouts are completed for tryout sports.
- Students will not be allowed to practice until the athletic participation fee is paid.
- Students may be eligible for a fee waiver in the following ways: Provide Medicare/Medicaid cards, a letter indicating free or reduced lunch program acceptance, proof of food stamps from FIP or FDIPIR, or acceptance of the Ann Arbor Public Schools fee request form.

**\*DO NOT MAIL THIS FORM\***  
**(BRING COMPLETED FORMS TO THE ATHLETIC OFFICE)**



**ANN ARBOR PUBLIC SCHOOLS**  
**Department of Athletics**

Athletic Participation Fee and Letter of Understanding

High School		Middle School	
Interscholastic Sport- 1st _____	\$150.00	Interscholastic Sport _____	\$50.00
Interscholastic Sport – 2 <sup>nd</sup> _____	\$ 75.00		

I have reviewed this form and understand that the fee paid does not guarantee playing time, control over any conditions of the team or Department of Athletics. I also understand that paying the fee does not in any way alter Ann Arbor Public Schools Board of Education Student Code of Conduct, Student Athletic Code of Conduct, individual team rules and/or the Michigan High School Athletic Association Regulations.

*An athlete will not be allowed to participate unless all signatures are affixed and the fee has been paid. All athletes will be expected to pay the appropriate fee for each sport they are participating in. The fee is non-refundable after start of practice.*

_____	_____
Student Name (Please Print)	Parent/Guardian Name (Please Print)
_____	_____
Student Signature and Date	Parent/Guardian Signature and Date

Thank you for your cooperation and we look forward to a successful season.

Amount Paid \_\_\_\_\_ Check No. \_\_\_\_\_

Make check payable to Ann Arbor Pubic Schools (AAPS). Please do not send cash.

**Which Sports Do You Intend to Play? Please Circle.**

Baseball	Equestrian	Ski Club	Track
Basketball	Field Hockey	Soccer	Volleyball
Bowling	Football	Softball	Water Polo
Cross Country	Golf	Sports Medicine	Wrestling
Crew	Ice Hockey	Swimming	
Dance	Lacrosse	Tennis	

NOTE: To ensure security, *PaySchools* does not store personal bank or credit card information.

Students who qualify for free and reduced lunch may be eligible to be exempt from part or all of the Pay for Participation fee. Students not eligible for free/reduced lunch but who need financial assistance may submit a Pay to Participate Waiver Application.

Are you requesting a waiver of the fee? \_\_\_\_\_ If so, see the attached Rec & Ed scholarship application and scholarship program information. Complete the application and submit to the Skyline Athletic Office.

Office Use	Received by: _____	Date: _____
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## SKYLINE HIGH SCHOOL EMERGENCY CARD

Graduation Yr: \_\_\_\_\_ Birthdate: \_\_\_\_\_

This information will be shared with appropriate school staff. If the parties on this card are not available, I understand appropriate emergency care deemed advisable by school authorities will be sought. Any special directions appropriate to my child have been checked on this card.

Student ID: _____ Counselor: _____
Student Name: _____
Address: _____
Apt: _____ Zip Code _____
Home Phone: _____

Doctor: _____	Phone _____
Dentist: _____	Phone _____
Hospital: _____	Phone _____
Emergency Clinic: _____	Phone _____

**Please list everyone we can call in case of an emergency, illness, school closing or other issue requiring attention. Please note if a parent/guardian is not available we will call the next person on the list until someone is contacted.**

Parent/Guardian: _____	Work: _____	Cell: _____	Home: _____
Parent/Guardian: _____	Work: _____	Cell: _____	Home: _____
Name: _____	Work: _____	Cell: _____	Home: _____
Name: _____	Work: _____	Cell: _____	Home: _____

*Please put an "x" in the appropriate box, specify where indicated, and sign your name.*

<input type="checkbox"/> Religious objections to physician contact <input type="checkbox"/> Contact lens/glasses <input type="checkbox"/> Bone/joint condition: <input type="checkbox"/> Diabetes <input type="checkbox"/> Heart Condition: _____ <input type="checkbox"/> Seizure disorder <input type="checkbox"/> Hypertension or high blood pressure	<input type="checkbox"/> Asthma <input type="checkbox"/> Special Blood Condition <input type="checkbox"/> Life Threatening Allergies (reaction): <input type="checkbox"/> Med/drug <input type="checkbox"/> Food <input type="checkbox"/> Insect <input type="checkbox"/> Other	<input type="checkbox"/> Medications needed or used: _____ <input type="checkbox"/> Other conditions or problems: _____ <input type="checkbox"/> None known
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Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## SKYLINE HIGH SCHOOL EMERGENCY CARD

Graduation Yr: \_\_\_\_\_ Birthdate: \_\_\_\_\_

This information will be shared with appropriate school staff. If the parties on this card are not available, I understand appropriate emergency care deemed advisable by school authorities will be sought. Any special directions appropriate to my child have been checked on this card.

Student ID: _____ Counselor: _____
Student Name: _____
Address: _____
Apt: _____ Zip Code _____
Home Phone: _____

Doctor: _____	Phone _____
Dentist: _____	Phone _____
Hospital: _____	Phone _____
Emergency Clinic: _____	Phone _____

**Please list everyone we can call in case of an emergency, illness, school closing or other issue requiring attention. Please note if a parent/guardian is not available we will call the next person on the list until someone is contacted.**

Parent/Guardian: _____	Work: _____	Cell: _____	Home: _____
Parent/Guardian: _____	Work: _____	Cell: _____	Home: _____
Name: _____	Work: _____	Cell: _____	Home: _____
Name: _____	Work: _____	Cell: _____	Home: _____

*Please put an "x" in the appropriate box, specify where indicated, and sign your name.*

<input type="checkbox"/> Religious objections to physician contact <input type="checkbox"/> Contact lens/glasses <input type="checkbox"/> Bone/joint condition: <input type="checkbox"/> Diabetes <input type="checkbox"/> Heart Condition: _____ <input type="checkbox"/> Seizure disorder <input type="checkbox"/> Hypertension or high blood pressure	<input type="checkbox"/> Asthma <input type="checkbox"/> Special Blood Condition <input type="checkbox"/> Life Threatening Allergies (reaction): <input type="checkbox"/> Med/drug <input type="checkbox"/> Food <input type="checkbox"/> Insect <input type="checkbox"/> Other	<input type="checkbox"/> Medications needed or used: _____ <input type="checkbox"/> Other conditions or problems: _____ <input type="checkbox"/> None known
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Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



**AAPS COMMUNITY EDUCATION AND RECREATION  
SCHOLARSHIP APPLICATION**

1515 S. Seventh St., Ann Arbor, MI 48103 (734)994-2300

FIRST TIME APPLICANT

RENEWAL

FAMILY # \_\_\_\_\_

APPLICANT/FAMILY LAST NAME: \_\_\_\_\_ APP. DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE NUMBERS (DAY): \_\_\_\_\_ (EVENING): \_\_\_\_\_

ANN ARBOR SCHOOL ATTENDANCE AREA: \_\_\_\_\_ TOTAL # IN HOUSEHOLD: \_\_\_\_\_

NAMES OF FAMILY MEMBERS (first and last)	AGES	NAMES OF FAMILY MEMBERS (first and last)	AGES
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**PLEASE ATTACH COPIES OF REQUIRED DOCUMENTS:**

**REQUIRED FOR VERIFICATION OF RESIDENCY**

- Current Driver's License with current address or Current Lease Agreement or Current State ID
- Green Card (required if applicable)

**REQUIRED FOR VERIFICATION OF INCOME/SUPPORT (ALL 3)**

**REQUIRED DOCUMENTATION:**

- Federal tax forms
- W-2's
- Two (2) current pay stubs or Letter from your current employer (see information sheet)

**ADDITIONAL DOCUMENTATION: (provide all that apply)**

- DHS Budget Report/Food Stamps Report/Letter
- Friend of the Court statement or checks or Relia Card Statement
- Reports documenting "Ward of Court", "Foster Child", Guardianship, Custodial Arrangements, and Divorce/Separation
- Social Security/Pension Report or Bank Statement
- MESC Benefit Report
- Financial Aid Budget Breakdown/Award Letter from College or University
- Other documents that you feel will help show your current financial status

**VERIFICATION OF SUPPORT FOR COLLEGE/UNIVERSITY STUDENTS**

One or more is required for all college/university students.

- College/University Financial Aid Statement with budget breakdown
- Letter from University stating value of fellowship, tuition waiver, health care, grants, scholarships.
- Green Card (required if applicable). Student/Visitor visas do not qualify.

**MONTHLY INCOME**

Complete all that apply and supply relevant documentation.

- \$ \_\_\_\_\_ Wages (before taxes)
- \$ \_\_\_\_\_ Child Support/Spousal Support
- \$ \_\_\_\_\_ Social Security
- \$ \_\_\_\_\_ DHS/ Food Stamps
- \$ \_\_\_\_\_ Pension
- \$ \_\_\_\_\_ Unemployment
- \$ \_\_\_\_\_ College/University Waivers/Grants/Scholarships/Loans
- \$ \_\_\_\_\_ Other: \_\_\_\_\_
- \$ \_\_\_\_\_ **TOTAL MONTHLY INCOME/SUPPORT**

**RESIDENCY: Circle the answers that apply to all family members.**

- |  |     |    |
|--|-----|----|
| Current Ann Arbor School District Resident(s)?                               | YES | NO |
| United States Citizen(s)?  | YES | NO |
| Does any family member have a green card? (must provide copies of each card) | YES | NO |
| Student Visas/Visitor Visas?   | YES | NO |

IF YOU WISH TO APPLY UNDER ANY SPECIAL HARDSHIP CONDITIONS (UNUSUALLY HIGH MEDICAL EXPENSES, DISASTER OR CASUALTY LOSSES, ETC.), PLEASE COMPLETE THE APPLICATION AND DESCRIBE THE NATURE OF YOUR HARDSHIP HERE OR ON AN ATTACHED SHEET.

HARDSHIP: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This application must be completed and returned to Community Education and Recreation. No processing will occur until department officials have verified the information on this application. Deliberate misrepresentation of information on this form subjects the applicant to prosecution under applicable State and Penal Statutes and will result in revocation of all future scholarships. My signature certifies that all of the above information is true and correct.

Any changes in the above information must be reported immediately.

\_\_\_\_\_  
Signature of Applicant or Signature of Parent/Guardian

**FOR OFFICE USE ONLY**

APPROVED: \_\_\_\_\_ COMMENTS: \_\_\_\_\_ DATE ENTERED: \_\_\_\_\_

DENIED: \_\_\_\_\_ LETTER SENT: \_\_\_\_\_

50% Scholarship: Y N Date of Expiration: \_\_\_\_\_



AAPS Community Education and Recreation  
**SCHOLARSHIP PROGRAM INFORMATION**



To apply for financial assistance, please read the following information, complete the attached application form, and provide copies of all required documentation.

**Scholarship applicants will receive written notice 7-10 business days after the application has been processed.**

You may submit your scholarship application throughout the year. Application and required documents may be dropped off at our office during regular business hours, placed in the exterior drop box (available 24/7), faxed (734-994-1454) or mailed to 1515 S. Seventh St, Ann Arbor, MI, 48103.

Scholarships take a minimum of five business days to process from the time written proof of residency and support/income verification have been submitted. In order to avoid confusion and allow timely processing, scholarship applications should be submitted **at least ten business days before** any activity/program registration is scheduled to begin. Applicants are not allowed to participate in any Rec & Ed class until after their scholarship is approved or full payment is received.

**Scholarships (fee waivers) are available to individuals and families who are “permanent residents” or U.S. citizens within the Ann Arbor School District and meet HUD’s “very low” income guidelines.** Scholarships are not available to individuals or families residing in Ann Arbor with a student or tourist visa. A valid Green Card (Permanent Residency for Non-US Citizens) must be provided whenever applicable.

**Each approved person or family member may use the scholarship fee waiver for one (1) Rec & Ed class or activity for our Fall, Winter and Spring terms and two (2) classes or activities for our Summer term.**

**Approved scholarships are usually issued for a period of either six months or one calendar year. A new scholarship application with current documentation is required each year.**

**Scholarship recipients over 18 years of age are required to pay minimum \$5.00 co-pay at the time of class registration.** Some classes and programs may be excluded from the scholarship program and participants may be required to pay additional co-pays or the full price. Fee waivers do not cover material and supply charges, co-sponsored or contracted services classes, field trips, special events, tickets to performances, sponsor fees, late fees or program deposits.

Questions, concerns, or requests for additional information should be directed to Donna Dishman at 734-994-2300 ext. 53223 during regular business hours.

**APPLICATION PROCEDURE**

1. Complete & sign scholarship application.
2. Provide verification of residency.
3. Provide verification of income or support.
4. College and university students:  
Provide proof of financial aid, tuition waivers, health care coverage, grants, loans, etc.

**VERIFICATION REQUIREMENTS**

**1. Verification of Ann Arbor School District Residency**

**Adults must provide a copy of 1 of the following items:**

- Current Driver’s License (with current address) **OR**
- Current Lease Agreement **OR**
- Current State ID.

**If applicable, you must also provide:**

- Green Card (Permanent Residency for Non-US Citizens)

**2. Verification of Income/Support**

**A. REQUIRED DOCUMENTATION- A copy of:**

1. Federal Tax Forms and W-2’s from previous year (If self-employed, include Schedule C income tax form.)  
**AND**
2. Two (2) current pay stubs **OR** a letter from your current employer (on company letterhead) reporting gross income, salary or hourly wage.

**B. ADDITIONAL DOCUMENTATION:**

**You must provide a copy of each item that applies to your family situation.**

- A. DHS Budget Report/Food Stamps Report
- B. Friend of the Court statement or checks or Relia Card Statement
- C. Reports documenting “Ward of Court”, “Foster Child”, Guardianship, Custodial Arrangements, Divorce, other
- D. Social Security/Pension Report or Bank Statement
- E. MESC Benefit Report
- F. Financial Aid Budget Breakdown/Award Letter from College or University
- G. Other documents that you feel will help show your current financial status.

**3. Verification of Support for College/University Students**

**One or more of the following is required, based on your family situation.**

- A. College/University Financial Aid Statement with budget breakdown.
- B. Letter from University stating value of fellowship, tuition waiver, health care, grants, scholarships.
- C. Green Card (Permanent Residency for Non-US Citizens) (required whenever applicable). Student/Visiting visas do not apply.

## AAPS Community Education and Recreation **SCHOLARSHIP PROGRAM INFORMATION**

### **ADDITIONAL INFORMATION**

1. Level of support includes all gross income, assets, child support, social security, SSI, unemployment benefits, DHS subsidy, waivers, scholarships, grants, assistance from family and/or friends, and all other sources of funding not specifically mentioned.
2. If support or residency cannot be determined, Rec & Ed staff may request additional documentation from applicants before the scholarship can be processed.
3. In certain situations, scholarships may be limited to cover only the children within a household or may be issued for less than one year.
4. All adults residing at a single address must be US citizens or permanent residents in order for the family to qualify for our program.
5. All adult members residing at a single address will be required to provide proof of support/income.
6. In cases where child custody is shared between multiple adults, the applying adult will be asked to provide proof of custody arrangements with current taxes showing current dependents.
7. University students are required to provide documentation showing all financial funding for the current academic year.
8. Scholarship uses are not transferable between family members or seasons.
9. Participants who are unable to attend a class and need to cancel must notify our office at least 3 days prior to the start of the class/activity. Failure to notify our office or attend classes may result in revoking future use of the scholarship program.
10. Due to program limitations, we cannot process class registrations using a scholarship discount from our on-line registration site. All registrations using a scholarship discount must be submitted by mail-in/drop-off/fax.
11. Families who do not qualify for our traditional scholarship program may qualify for our 50% fee reduction program. This program allows qualifying families to register for a selection of classes at 50% off the resident price. This program is offered on a season-by-season basis and eligible families are notified by mail when program registration begins.