

SARATOGA HIGH SCHOOL
Extra-Curricular Activities

Financial Support: This form is to be used to designate your **\$275** participation fee for **each activity** in which your child is participating. You must complete this form in order for your student to participate. Please bring your check payable to Saratoga High School, Activities Office

Student Name _____ **Student I.D. #** _____

Parent email: _____ **Student email:** _____

If you do not want your email shared with the SHS Boosters Club, please initial here: _____

I am enclosing \$275 for each activity indicated.

Total _____ **Check #** _____

FALL SPORTS:

- Cross Country
- Field Hockey
- Football
- Golf (G)
- Tennis (G)
- Volleyball (G)
- Water Polo (B)
- Water Polo (G)

WINTER SPORTS:

- Basketball (B)
- Basketball (G)
- Soccer (B)
- Soccer (G)
- Wrestling

SPRING SPORTS:

- Badminton
- Baseball
- Golf (B)
- Lacrosse (B/G)
- Softball
- Swimming (B/G)
- Tennis (B)
- Track
- Volleyball (B)

Parent Signature: _____ Date: _____

Also **attach a separate uniform/equipment deposit check in the amount of \$90.** This check will only be cashed if your child neglects to turn in his/her uniform/equipment or if the uniform/equipment is damaged. **Your child will not be allowed to participate in the sports program without this deposit.** All un-used checks and paperwork will be destroyed at the end of the school year.

STEROID PROHIBITION FORM

Print:

Athlete's Last Name

First Name

As a condition of membership in the CIF, all schools shall adopt policies prohibiting the use and abuse of androgenic/anabolic steroids. All members schools shall have participating students and their parents, legal guardian/caregiver agree that the athlete will not use steroids without the written prescription of a fully licensed physician (as recognized by the AMA) to treat a medical condition (CIF Bylaw 524).

By signing below, both the participating student-athlete and the parents, legal guardian/caregiver hereby agree that the student shall not use androgenic/anabolic steroids without the written prescription of a fully licensed physician (as recognized by the AMA) to treat a medical condition. We also recognize that under CIF Bylaw 200.D., there could be penalties for false or fraudulent information. We also understand that the Saratoga High School policy regarding the use of illegal drugs will be enforced for any violations of these rules.

Signature of Athlete

Date

Signature of Parent/Caregiver

Date