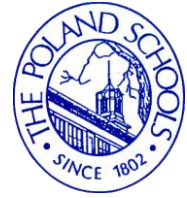




Poland Seminary High School Athletic Department

Brian Banfield, Assistant Principal – Athletic Administrator
3199 Dobbins Road
Poland, Ohio 44514
Phone – (330) 757-7021
Fax – (330) 757-7027
Email – BBanfield@PolandSchools.org



Poland Local Schools Activity Fee Guidelines

(Please read all information carefully)

The Poland Local School Board of Education instituted an activity fee reduction, on July 1, 2013, for athletics in grades 7-12. The purpose of this fee is to offset the expenses the BOE incurs while providing comprehensive athletic programs. The activity fee is for students who choose to participate in extra-curricular activities that are supervised or coached by an individual employed by the district. Club athletic programs will be exempt from the activity fee.

Please make check or money order payable to:

Poland Board of Education

Attention: Athletic Fee

3199 Dobbins Rd.

Poland, Ohio 44514

Please note there is no payment plan available.

All funds will be handled by the Poland Board of Education.

1. The following athletic programs listed on Page 3 of this document will require a fee of \$100.00 for High School Athletics per sport per athlete and a \$50.00 fee for Middle School Athletics per sport per athlete. There is a \$300.00 maximum per family.

a. If a check is returned for non-sufficient funds (NSF), the participant will be immediately removed from the activity and will not be permitted to rejoin until a cash payment is made that covers the expense of the activity, as well as any fees charged by the bank for processing the NSF check.

2. The fees must be paid in full by the first official day of practice. High School and Middle School athletics should be paid at the Poland Board Office.

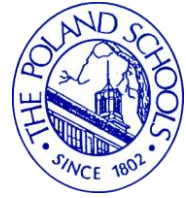
Fall Sports Payment Due	August 1, 2015
Winter Sports payment Due	October 30, 2015
Spring Sports Payment Due	March 7, 2016

3. A student who is academically ineligible to begin the season but plans to practice with the team because he/she anticipates becoming eligible prior to the season ending must pay the activity fee.



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4. The Activity Fee **DOES NOT** guarantee any student playing time. Please refer to the Parent-Student Athletic Handbook regarding issues to discuss with a coach.

5. No refunds will be issued after the season or activity starts (first mandatory OHSAA practice dates).

Unless one of the following exceptions are met:

- a. A sport or activity is cancelled due to insufficient numbers.
- b. Student does not make the team.
- c. A student suffers a season ending injury prior to the first game (doctor’s verification required).
- d. Athlete is permitted to go out for a sport after the starting date, fee payments will be accepted after the start date, but before the individual can begin practice.
- e. Student moves out of the District prior to the first game.
- f. Student becomes academically ineligible before the first mandatory practice set by the OHSAA.

7. Activities will be offered only when qualified coaches and advisors are available and hired by BOE.

8. If the minimum number designated for a particular sport is not reached by the deadline dates that particular activity will be cancelled.

9. Club Sports will be exempt from this activity fee.

10. If you have any questions, please contact the Poland Seminary Athletic Department at 330- 757-7021.

Activity Fee Structure

\$100.00 FEE

- HS Football
- HS Volleyball
- HS Soccer
- HS Tennis
- HS Cross County
- HS Golf
- HS Cheerleading
- HS Basketball
- HS Baseball
- HS Softball
- HS Track

\$50.00 FEE

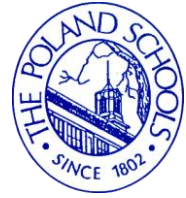
- MS Football
- MS Volleyball
- MS Cross Country
- MS Cheerleading
- MS Basketball
- MS Track

- *High School and Middle School Wrestling are still under club status. No Activity Fee Required*
- *High School Swimming is as a Club Sport. No Activity Fee Required*



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Poland Local Schools' Activity Fee Registration Form

*Please make check or money order payable to:
Poland Board of Education
Attention: Athletic Fee
3199 Dobbins Rd.
Poland, Ohio 44514*

Method of Payment

Date: _____ Check# or Money Order: _____ Amount: _____

Fee: \$100.00 for HS Sports, \$50.00 for MS Sports

Form must be completed for each student. Additional forms available online or at school.

Student's Name: _____ Grade: _____

Address: _____ Phone: _____

City: _____ Zip Code: _____

FALL Sports

- HS Football
- HS Volleyball
- HS Soccer Boys or Girls
- HS Tennis
- HS Cross Country Boys or Girls
- HS Golf Boys or Girls
- HS Cheerleading
- MS Football
- MS Volleyball
- MS Cross Country Boys or Girls
- MS Cheerleading
- Family Cap Met** (If So, Please indicate sport/Grade Level/Check # with Amount)

WINTER Sports

- HS Basketball Boys or Girls
- MS Basketball Boys or Girls

SPRING Sports

- HS Baseball
- HS Softball
- HS Track Boys or Girls
- HS Tennis
- MS Track Boys or Girls

Parents: Please read and sign below

I have read the guidelines as set forth by the Poland Local Schools' Board of Education regarding the rules and regulations of the Poland Athletic Activity Fee Program. I agree to abide by these regulations and to allow my son/daughter to participate in this program.

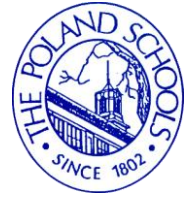
PARENT SIGNATURE _____ **DATE** _____

PARENT NAME (please print) _____



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Poland Local School District Activity Fee Refund Request Form 2015-16

Date of request: _____ Date received: _____

Name of student applicant: _____

Name of parent or guardian: _____

Name of activity in which you wish to receive a refund: _____

Reason for refund request:

____ Program cancelled. Date cancelled: _____

____ Moved from district. Date withdrawn from school: _____

____ Injured. Date of injury: _____ (doctor's excuse required)

____ Did not make the Team

____ Other

The information offered above is to the best of my ability current, accurate and correct. Once approved, refunds will be submitted to the treasurer's office for payment. An attempt will be made to process and issue the refund within a 30-day time period.

Signature of parent/guardian: _____ Date: _____

**Please note that this application does not guarantee that a refund will be authorized.*

Send payment to: Administrative Use Only

Name: _____

Address: _____

City/State/Zip: _____

Approved By: _____

Denied By: _____

Reason for Denial: