



Armada High School Trap Team

23655 Armada Center Road
Armada, MI 48005



If any questions, please call (586)784-2400

REGISTRATION FORM

Name: _____

Telephone #: _____

Email Address: _____

Address: _____

City: _____

State / Zip: _____

As soon as you have been accepted on a team, you are responsible for the full payment for the season. If you decide to quit, or are removed from a team, including ineligibility issues, you are still responsible for payment. Students will not be eligible to participate in another sport season until payment has been made in full.

We have also read, fully understand, and agree to abide by the Armada Athletic Code of Conduct and Trap Code of Conduct. The Student Handbook has been revised and the new copy can be found on the Armada Athletics Website. (<https://armadahighschooltrap.com/>)

_____ has my permission to participate in the Interscholastic Athletic Program. I have read the guidelines regarding the administration of the program and payment plans or use of Booster Credits.

***It is very important that this form is **COMPLETED, SIGNED, and RETURNED** along with the **PAY TO PARTICIPATE PAYMENT** to the School Office

****Sign & Date Important****

Parent/Guardian Signature

Date

Student Athlete Signature

Date