



Regis HS Booster Club

2024-2025 Work or Pay Agreement

Name of Athlete(s):

Name of Parent/Guardian:

(Check One)

I agree to work 4 shifts as required and understand that if I do not work at least 4 shifts my check will be cashed.

I will serve as a Team Parent for the following sport _____

Please note that serving as a Team Parent must be acknowledged/approved by the head coach

Please cash my check as I do not wish to work.

Signature of Parent/Guardian:

(Only one signature is required)

This agreement must be signed and submitted with your \$400 Work-or-Pay Check that is due on or before your child participates in any high school athletic program. If not paid, you understand that your child will not be able to practice or participate in any athletic competition or scheduled practice until payment is made.