ATHLETIC PARTICIPATION FORM FOR NON-ATTENDING STUDENTS

This form must be filled out and signed by any student-athlete and their parents/guardian who do not attend the Jefferson County School for which the student-athlete wishes to participate in athletics at any time during the school year. This form will be turned into the participating school’s Athletic Director and participation must be approved by the District Athletic Office of Jefferson County Schools prior to the student-athlete beginning any formal, in-season workouts with any team. Any required transfer paperwork, if applicable, must accompany this form.

SCHOOL OF PARTICIPATION __________________________________________________________

STUDENT’S NAME ____________________________________________________________

STUDENT’S ADDRESS __________________________________________________________

CITY ____________________________ STATE ___________ ZIP ____________

PARENTS/GUARDIAN NAME ____________________________________________________

GRADE LEVEL IN THE FALL 09 ____ 10 ____ 11 ____ 12 ____

NAME OF SCHOOL ATTENDING _________________________________________________

CITY ____________________________ STATE __________________

HIGH SCHOOL SPORT(S) STUDENT WISHES TO PARTICIPATE IN:

FALL ________________________  WINTER ________________________  SPRING ________________

If Student will be in grade 10, 11, or 12:

SCHOOL ATTENDED LAST YEAR _________________________________________________

CITY ____________________________ STATE __________________

HIGH SCHOOL SPORT(S) STUDENT PARTICIPATED IN LAST YEAR: SCHOOL __________________

FALL ________________________  WINTER ________________________  SPRING ________________

I verify that the information on this form is correct under potential penalty of ineligibility and restriction from state playoff competition for the athlete and/or team.

Student ____________________________ Parent ____________________________

(Signature required)  (Signature required)