



# TAPPS

## Previous Athletic Participation Form PART A



TAPPS CITY / SCHOOL:

STUDENT NAME:

STUDENT GRADE LEVEL

PARENT NAME:

9<sup>th</sup>  10<sup>th</sup>  11<sup>th</sup>  12<sup>th</sup>

1.  Yes  No Has the student ever practiced or participated in extracurricular athletic activities at another school? This includes before school, after school and during an athletic period. If the answer is **Yes**, PART B must be completed and both PART A and PART B forwarded to the District Vice President to begin the approval process. If the answer is **No**, then only PART A must be completed and filed with the school only.

2.  Yes  No Will or was the student 19 prior to **September 1** of the current year.

3.  Yes  No Did the student **ENROLL** in the 9<sup>th</sup> grade more than 4 years ago?

4.  Yes  No Has the student repeated a grade in High School?

5.  Yes  No Is the student enrolled in at least **4** classes at the present school?

6.  Yes  No Does the student presently reside with parent(s) (**either birth or adoptive parents**)?

**If No to Questions #6, a Student not Living with Parent form must be completed and approved prior to VARSITY participation.**

7.  Yes  No Is the student a citizen of the United States?

**If No to Questions #7, a Foreign Student Application must be completed and approved prior to VARSITY participation.**

8.  Yes  No Is the student presently under suspension or ineligible to participate in extracurricular activities at the previous school?

**Prior to applying to the new school, has the student, family or representative of the family**

9.  Yes  No Communicated with any coach at the school about ATHLETIC PARTICIPATION?

10.  Yes  No Communicated with any booster club member or school board member about ATHLETIC PARTICIPATION?

11.  Yes  No Attended a SPORTS CAMP at this school?

12.  Yes  No Participated on an AAU, CLUB, or similar team coached or operated by a coach at this school?

13.  Yes  No Participated in an OFF SEASON League on a team coached or operated by a coach at this school?

14.  Yes  No Received individual or GROUP INSTRUCTION, paid or unpaid, from any coach at this school?

15.  Yes  No Been promised a SCHOLARSHIP for ATHLETIC PARTICIPATION from this school or representative of school?

16.  Yes  No Attended a tryout to determine eligibility for ATHLETIC PARTICIPATION at this school?

17.  Yes  No Has the student been STATE or NATIONALLY ranked in an EXTRACURRICULAR ATHLETIC ACTIVITY?

18.  Yes  No Has the student participated on a NATIONAL TEAM in an EXTRACURRICULAR ATHLETIC ACTIVITY?

19.  Yes  No Has the student received lodging or meals as a result of playing on an AAU, Club, or similar team?

20.  Yes  No Has the student received a "scholarship" to participate on an AAU, Club or similar team?

21.  Yes  No Has the student received merchandise or other valuable consideration for participation in an ATHLETIC ACTIVITY?

22.  Yes  No Has the student been promised payment of expenses or financial aid based on ATHLETIC ACTIVITY at this school?

23.  Yes  No Has the student been promised college scholarships or placement based on ATHLETIC ACTIVITY at this school?

24.  Yes  No Has the family agreed to pay individuals future sums for past or present representation in an ATHLETIC ACTIVITY?

By signature below, we attest that the above information is factual, true and correct. We understand that if information is later determined to be incorrect or untrue, the eligibility of the student would be in jeopardy and any contests in which the student participated would be subject to forfeiture by the school.

STUDENT SIGNATURE / DATE:

PARENT SIGNATURE / DATE:



# TAPPS

Previous Athletic Participation Form

## PART B



STUDENT NAME: \_\_\_\_\_

STUDENT ADDRESS: \_\_\_\_\_

PRESENT CITY / SCHOOL: \_\_\_\_\_

FORMER CITY / SCHOOL: \_\_\_\_\_

DATE OF 1<sup>ST</sup> CONTACT WITH SCHOOL: \_\_\_\_\_

DATE OF ENROLLMENT: \_\_\_\_\_

DATE OF 1<sup>ST</sup> ATTENDANCE AT SCHOOL: \_\_\_\_\_

GRADE LEVEL: 9 10 11 12

DATE OF WITHDRAWL FROM PREVIOUS SCHOOL: \_\_\_\_\_

### CERTIFICATION OF PARENT

We certify that neither my child nor I have been offered nor accepted any inducement based on my child's athletic ability or contribution to an athletic team in accordance with Section 87 of the TAPPS By-Laws. Additionally, my child is in compliance with all TRANSFER policies as outlined in Section 104 of the TAPPS By-Laws. If unsure of compliance, please consult school Athletic Director prior to signature.

\_\_\_\_\_  
PARENT SIGNATURE / DATE

\_\_\_\_\_  
STUDENT SIGNATURE / DATE

### CERTIFICATION OF NEW SCHOOL

We certify that to the best of our knowledge, no one has offered any inducement to the student or parent to transfer to our school. We certify that the student was not induced by anyone for athletic purposes. We reviewed all information and circumstances pertaining to this student's transfer to our school and certify that the TAPPS By-Laws have been upheld.

\_\_\_\_\_  
HEAD ADMINISTRATOR SIGNATURE / DATE

\_\_\_\_\_  
ATHLETIC DIRECTOR SIGNATURE / DATE

### CERTIFICATION AND RELEASE BY FORMER SCHOOL

We certify the following answers to be true and accurate to the best of our knowledge.

1.  Yes  No Was this student ever suspended or removed from an athletic program in your school?
2.  Yes  No Would the student have been prohibited from athletic participation had they not changed schools?
3.  Yes  No Based on your knowledge, did the student participate on any AAU, club or similar team coached by a coach at the new school?
4.  Yes  No Based on your knowledge, did the student participate on any off-season league team coached by a coach at the new school?
5.  Yes  No Based on your knowledge, did the student receive private or group instruction by a coach at the new school?
6.  Yes  No Was this student induced to attend another school?

\_\_\_\_\_  
HEAD ADMINISTRATOR SIGNATURE / DATE

\_\_\_\_\_  
ATHLETIC DIRECTOR SIGNATURE / DATE

### CERTIFICATION OF DISTRICT

The above named student is not eligible for **VARSITY** participation until approved by the District Executive Committee or its representatives. The committee should review both **PART A** and **PART B** of the transfer form prior to approval. All **yes** answers should be reviewed prior to approval.

\_\_\_\_\_  
DISTRICT PRESIDENT SIGNATURE / DATE

\_\_\_\_\_  
DISTRICT VICE PRESIDENT SIGNATURE / DATE

\_\_\_\_\_  
DISTRICT PRESIDENT SCHOOL

\_\_\_\_\_  
DISTRICT VICE PRESIDENT SCHOOL

**CLASSIFICATION:** 1A 2A 3A 4A 5A DI DII DIII DIV

**DISTRICT:** 1 2 3 4 5 6 7 8