APPLICATION FOR PARTICIPATION IN "HOME" SCHOOL SPORTS PROGRAM

The student and parent are required to complete and sign this form every year that a student wishes to participate in DCSD athletics at the "HOME" school. This form must be kept on file with the school and is subject to inspection by the Department of Athletics.

SECTION A Student Personal Data

SPORT		**BIRTHDATE**	
STUDENT NAME		**AGE**	
EMAIL ADDRESS		**GRADE**	
HOME ADDRESS			
HOME SCHOOL		**CURRENT SCHOOL**	
PHONE #		**GENDER**	
DATE OF LAST PHYSICAL		**DATE OF APPLICATION**	

SECTION B Parent/ Guardian Data

PARENT NAME		**PHONE #**	
HOME ADDRESS			
ARE YOU THE LEGAL GUARDIAN OF THE STUDENT?			
EMERGENCY CONTACT		**PHONE#**	

SECTION C Written Request

Attach a brief statement explaining why this request is being made.

By submitting this form, I hereby request permission for the above named applicant/student to participate in the sports program at his/her **HOME** school. I understand that is it my responsibility to provide transportation to any practices and/or competitions held at the school and that the District will not be responsible for transporting the applicant back to his/her current school. I understand that the applicant must meet all athletic eligibility requirements of the Georgia High School Association, DeKalb County School District and the School. I further understand that this application for participation does not assure selection for the team or the sport.

Parent/Guardian Signature _____ Date _____

Student Signature _____ Date _____

FOR DISTRICT USE ONLY

CURRENT SCHOOL ADMINISTRATOR/ATHLETIC DIRECTOR SIGNATURE _____

RECEIVING SCHOOL ADMINISTRATOR/ATHLETIC DIRECTOR SIGNATURE_____

EXECUTIVE DIRECTOR OF ATHLETICS SIGNATURE _____

DEPARTMENT OF ATHLETICS FILE DATE _____