

**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)