GREENVILLE COUNTY SCHOOLS



Athletic Participant Application and Permission

for Charter/Homeschool/Virtual (Non-GCS) Students

Directions: The below information is to be filled out by the designated individuals and **the parent/legal guardian must present** this with all requested documents to the school athletic director of the resident public school where the student seeks to participate. All requested documents and fees are to be attached with this form. **This form is required for each activity and must be done each year.** Items marked with an asterisk * are required only for those activities governed by the SC High School League.

Section I: Required Documentation – Upon presentation of this application, the parent/legal guardian must have:

- 1. <u>Proof of Residence:</u> 1. Driver's license or a government issued photo ID; 2. One current major utility bill (electric, gas, water0; 3. Current Lease, Property Tax Notice, or Mortgage Statement—if not available, a second major utility bill may be substituted for this (#3).
- 2. South Carolina Certificate of Immunization (this document is required before any participation)
- 3. Most recent <u>report card and transcript</u> from previous school year from your home school association accountability office/group (must be on letterhead and signed by the records official) (required for each sport)
- 4. * Physical Examination/Parent Permission Form completed, signed, and attached (once per year).
- 5. * Student Athletic Insurance (\$23 middle / \$43 high) attached /included (once per year)
- **6.** * Risk Acknowledgement Form signed and attached (one time only for entire school career)
- 7. * State Certified Copy of Student's Birth Certificate attached (will be return to student; (one time only for entire career).

NOTE: All above forms online at www.greenville.k12.s.us/athletics

Section II: To be completed b	y the parent/legal guardian of the	student
Extracurricular Activities for which the	ne Student Seeks to Participate	Date of Application_ / _/
Student's Last Name	First Name	Middle Name
Date of Birth/_/		
Address	City/Town	Zip Code
Name of Parent or Legal Guardian (p	lease print clearly):	
☐ I certify the address above is guardian.	our legal residence, the above named stude	ent resides with me, and I am his/her parent or legal
Signed: Parent or Legal Guardian		
Section III: To be completed	by the Administrator of the studen	nt's home school (parent/guardian)
2020-21 Grade Level of Student:	· ·	. 5
Year the Student Entered 7th (for MS	student)/9th (for HS student) Grade:	<u></u>
I certify the following items regarding	g the above student's information as being t	truthful and accurate:
2. The student is eligible at o	ht in the home school setting for one full action resident school and has met all requirem and *Article VII of the South Carolina High	nents for eligibility of the South Carolina Code of
Signed:		
Administrator of Home S		

Defined Extracurricular Activities include those activities sponsored solely by the resident school, carry no academic credit, or have a requirement for enrollment in a class during the regular academic day at the resident school.



Office of the Director of Athletics GREENVILLE COUNTY SCHOOLS



TO: Charter, Home, and Governor's School Students

FROM: Darryl Nance, Director of Athletics

Re: Participation in Extracurricular Activities

Welcome to the Greenville County Schools' extracurricular programs. As you are aware, two state statutes were added to the South Carolina Code of Laws in 2012, that allow charter school, home school and governor's school students to tryout for and, if selected, participate in extracurricular activities at their resident schools. Thank you for considering trying out for an athletic team or participating in an extracurricular activity at the resident traditional public school within your attendance zone. We want to make your transition into our programs as smooth as possible.

Extracurricular activities in the Greenville County Schools are those activities sponsored solely by the resident school, carry no academic credit, do not fall within the scope of the regular curriculum, or have a requirement for enrollment in a class during the regular academic day. To participate in one of these activities you will be asked to complete the application packet which can be obtained at your school, from our webpage at www.greenville.k12.sc.us or directly from one of our schools. The application is self-explanatory. Please understand that we are not requiring anything of you that we do not require of any other student coming into Greenville County Schools.

We are strong advocates of the value of extracurricular activities. It is in these vital programs where young people learn lifelong lessons as important as those taught in the classroom. These extracurricular activities support the academic mission of our schools, are inherently educational, and foster success in later life.

Again we welcome you and wish you well. Should you have any questions, do not hesitate to contact me.

GREENVILLE COUNTY SCHOOLS



PARENTS'/GUARDIANS'/ATHLETE'S Risk Acknowledgement

Date of Birth:		
gram at high school.		
(name of school)		
cipation and attended a group meeting on(date)		
meeting was run by		
(name of school person) e had the opportunity to have all our questions answered.		
injuries, from minor to severe. I/We recognize the possibility that brain damage or other serious, permanent injury as a result of neither the protective equipment and padding used in athletics bus sports, the coaching instruction received, nor the sports medicing rent all injuries he/she might sustain. I/we agree to accept these risk program.		
e program, I/we hold harmless and release Greenville County rs, trustees, and USA Football, Inc., from all present and future ents, and claims, of whatsoever, in equity or at law, which I/we or need or unsuspected, asserted or not asserted, arising out of		
AL CONDITIONS Risk Acknowledgement pre-existing condition that may increase risk of injury and/or		
vrite "not applicable" or "NA" in the first space.)		
creates additional risks and		
(condition)		
oach(es), and the sports medicine provider(s) in a meeting on		
e of this condition, the special risks for my/our child are (List all		
back of this form. Write legibly.):		
Il directions and recommendations of my/our physicians and sports o accept these additional risks as a part of my/our child's		
Signature of Parent/Guardian		
Signature of Athlete/Participant		