Independent Athletic Participation Appeal

Student Name: _______________________________________ Grade: _______ Non-FHSAA Sport: ______________________

Part I: The following section is to be completed and signed by a representative of the club or organization.

Affiliation: Name of Club/Org.: ______________________ Club’s State or National Sports Affiliation: ______________

Club/Organization Contact (cannot be the coach): ________________________________

Telephone: __________________________ Email: _________________________________

Coach Name: ________________________________

Telephone: __________________________ Email: _________________________________

Practice Schedule: Months: _______________ Days/week: _______________ Hours/day: _______________

Does your training or practice routine require physical conditioning? Yes _____ No _____

Competition Information: Season: ____________ Location/Region of competition: state/regional/national: ______________

Approximate frequency of competition: ________________________________

Signed: __________________________________________ Date: _______________

Position in Club/Organization: ___________________________________________

Part II: The following section is to be completed by the student-athlete.

How long have you been competing with this club/organization? _______________________

If this is a new club/organization, what was your prior involvement? Please include the name of the club/organization and a contact we can reach out to:

__________________________________________________________________________________________

Please briefly explain your reasons for petitioning for the program. ____________________________________________

__________________________________________________________________________________________

I/We understand that upon completion of each season of the sport, a signed document of verification of full participation for the duration of the season will be required. This form is available in the Office of the Registrar. It is the student’s responsibility to request and submit the form. Credit will only be awarded once this final step of documentation has been submitted.

Student Signature: ________________________________________________________________

Parent Signature: _________________________________________________________________