

OFFICE USE ONLY: Approved by _____

Date _____ Year _____ Sem 1 _____ Sem 2 _____



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: _____