

TO: Charter, Home and Governor's School Students

FROM: Dr. William T. Wright, Jr., Superintendent

DATE: School Year 2024-2025

RE: Participation in Extracurricular Activities

Welcome to Sumter School District's extracurricular programs. As you know, two new statutes were passed and signed into law by the Governor that allow charter school, home school and governor's school students to try out for and, if selected, participate in extracurricular activities at the resident school.

Extracurricular activities in Sumter School District are defined as activities performed by students that fall outside the realm of the normal curriculum of the school or district. Such activities are generally classified as voluntary, social or athletic. Students may organize and direct these activities under faculty sponsorship. Extracurricular activities are not part of the regular school curriculum, are not graded, do not offer credit and do not take place during classroom time. Examples of extracurricular activities in Sumter School District include:

- Sports teams (all tryout dates and rules apply to ALL student participants)
- Band
- Academic quiz teams
- Choir
- Clubs (Interact, Junior Optimist Club, etc.)
- Step Team

To participate in one of these activities you will be asked to complete the application packet contained in this document – Application Form, Risk Acknowledgement Form, Athletic Drug Testing Permission Form, Physical Form. The SC High School League also requires proof of residency, a copy of the birth certificate and an official copy of your transcript or report card.

We are strong advocates of the values of extracurricular activities. It is in these vital programs that students learn lifelong lessons. These activities support the academic mission of our schools, are inherently educational and foster success.

We welcome you and wish you well. If you have questions, please feel free to contact me.

Dr. William T. Wright, Jr., Superintendent
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**SUMTER SCHOOL DISTRICT
PARENT/GUARDIAN/ATHLETE'S Risk Acknowledgement**

Athlete's Name: _____ **Date of Birth:** _____

Athletic Program: _____

School Name: _____

By allowing my child to participate in athletic program(s) in the Sumter School District, I agree to attend all meetings related to the athletic program(s).

I understand that the risks include a full range of injuries from minor to severe. I recognize the possibility that my child might die, become paralyzed; suffer brain damage, and/or other serious permanent injuries as a result of participation in this activity. I realize that the protective equipment and padding, the safety rules and procedures of the various sports, coaching instruction or sports medicine care provided to athletes will not guarantee safety or prevent injuries my child may sustain. I agree to accept these risks as a condition of my child's participation in this program. I also understand that students participating in athletics in the Sumter School District are subject to drug testing prior to the season and random drug testing during the season.

Parent Signature: _____ Date: _____

Athlete Signature: _____ Date: _____

**ADDITIONAL OR SPECIAL CONDITIONS RISK ACKNOWLEDGMENTS
(Complete the following ONLY if your child has a pre-existing condition)**

I realize that my child's pre-existing condition creates additional risks and I have discussed these risks with the athletic director, coaches and sports medicine provider.

Pre-existing condition: _____

Special Risks/Concerns: _____

I understand these conditions and agree to follow all directions and recommendations of my physician and sports medicine provider in this program. I also agree to accept these additional risks as a part of my child's participation in this program.

Parent Signature: _____ Date: _____

Athlete Signature: _____ Date: _____

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SUMTER SCHOOL DISTRICT

**Athletic Participant Application and Permission for 2024-2025
For Home Schooled Students**

Directions: The information below must be completed and returned to the school athletic director. All requested documents and fees are to be presented with this document. **This form is required for each activity.** Items marked with an asterisk * are required only for those activities governed by the South Carolina High School League.

Section I: Required Documentation - The parent/legal guardian must have:

1. **Proof of Residence: Two (2)** current documents dated within the last 60 days – Property Tax Receipt, Utility Statement, (gas, electric, water, cable TV, trash or sewer), lease agreement/rental contract, mortgage statement, driver’s license.
2. **Most recent report card and transcript** from previous school year from your home school association office/group (must be on letterhead and signed by records official) – required for each sport
3. ***Student Physical Examination/Parent Permission Form** completed, signed and attached (once per year)
4. ***Agreement to Participate in District Drug Testing**
5. ***Risk Acknowledgement Form** signed and attached (one time per school year)
6. ***State Certified Copy of Birth Certificate** attached (copy will be made)

Section II: To be completed by the parent/legal guardian of the student.

Extracurricular Activity: _____		Date: ____/____/____
Student Name: _____		
Last	First	Middle
Student Date of Birth: ____/____/____		Cell Phone Number: () _____-_____
Address _____		City/Town _____ Zip Code _____
Name of Parent or Legal Guardian (Please Print) _____		
I certify the address above is our legal residence, the above name student resides with me and I am his/her parent or legal guardian.		
Signature of Parent or Legal Guardian _____		

Section III: To be completed by the Administrator of the student’s home school (parent/guardian)

Current Grade Level of Student _____
I certify the following items regarding the above student’s information as being truthful and accurate:
<ol style="list-style-type: none"> 1. The student has been taught in the home school setting for one full academic year prior to this application. 2. The student is eligible at our home school and has met all requirements for eligibility of the South Carolina Code of Laws (Section 59-39-160) and Article VII of the SC High School League’s Constitution.
Signed by Administrator of Home School (parent/guardian) _____

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Intent to Participate in Extracurricular Activities Home Schooled Student

Dear Superintendent:

I am writing to notify you of the intent to participate in interscholastic activities by a home schooled student. I hereby attest that this student was a home school student for a full academic year prior to participation in the activity and resides within the boundaries of the school for which the student will participate. I understand this student must meet all school district eligibility requirements with the exception of the school district's school or class attendance requirements or the class and enrollment requirements of the association administering the interscholastic activities.

Sincerely,

(Parent of Legal Guardian Signature)

(Parent or Guardian Printed Name)

STUDENT INFORMATION

Full Name: _____ Grade Level: _____

Address: _____

City/State/Zip: _____

Phone: () _____ - _____ Date of Birth: ____/____/____

Email: _____

Home School Association: _____

Association Phone: () _____ - _____

Association Email: _____

Extracurricular Activity/Activities

Athletics: List Sports _____

Clubs: _____

Other (List Activity): _____

Student Signature: _____ **Date:** ____/____/____

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SUMTER SCHOOL DISTRICT

Parent Permission to Participate in High School Athletics

Agreement to Participate in District Random Drug Testing

Date: ____/____/____

Student's Full Name: _____

Grade: _____

Athletic Sport: _____

Parent/Legal Guardian Full Name: _____

My signature below represents permission for my student to practice, play and otherwise participate in the interscholastic sport shown above. I further understand that the school district requires all athletes to participate in a program of random drug testing as outlined in district information. I give my permission for my student to participate in the district random drug testing program.

Signature of Parent/Legal Guardian: _____

My signature represents my desire to practice, play and otherwise participate in the interscholastic sport shown above. I further understand that the school district requires all athletes to participate in a program of random drug testing as outlined in district information materials. I agree to participate in the district random drug testing program.

Signature of Student Athlete: _____