



Athletic Participation Form (AP-2)

Sport: Girls Beach Volleyball

School: _____

Athletic Director: _____ Phone: _____

Email: _____

Team Roster:

<u>Name</u>	<u>D.O.B.</u>	<u>Grade</u>
1)		
2)		
3)		
4)		
5)		
6)		
7)		
8)		
9)		
10)		
11)		
12)		
13)		
14)		

By signing this form you certify that you have collected, and have in your possession, the below listed items for ALL of the above athletes. Additionally, you certify the ALL of the listed athletes meet USA Volleyball and SSAC eligibility requirements and that they were enrolled on or before the starting date of the participating sport and have:

1. Has completed Physical Form on file (valid for 365 days from obtainment).
2. Completed, Signed and Submitted SSAC Waiver Form (CFR-1)
3. Additionally, I certify that all my Coaches have completed, or will complete all required paperwork and training from the Florida Region of USA Volleyball (USAV Junior Affiliated membership and background check, USAV beach Impact Class, USAV Safe Sport Class)

Documentation and all forms must be kept by the school for a minimum one calendar year. Documentation will be provided to the SSAC immediately upon request.

Athletic Director Name (printed)

Athletic Director Signature

____/____/____

Date