



Athletic Participation Form (AP-1)

Sport: _____ Year : _____

School: _____

Address: _____

Athletic Director: _____ Phone: _____

Email: _____ Coach name: _____

Team Roster:

Name	D.O.B.	Grade
1)		
2)		
3)		
4)		
5)		
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26)		
27)		
28)		
29)		

Name	D.O.B.	Grade
30)		
31)		
32)		
33)		
34)		
35)		
36)		
37)		
38)		
39)		
40)		

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 **ALL FHSAA and SSAC eligibility requirements**, on or before the starting date of the participating sport, and **ARE FULLY ENROLLED ON YOUR CAMPUS**, **or** for non- traditional students - you have received SSAC Board of Directors approval -designating your school as their ONLY school for athletic participation and have:

- Completed and signed FHSAA Physical Form valid for 365 days from obtainment.
- Completed the FHSAA “Concussion in Sports” online education course prior to their first date of participating in the listed sport.
- Completed, Signed and Submitted SSAC Waiver Form CFR-1 which remains at school site.
- Additionally, I certify that all my Coaches have completed, or will complete, the NFHS “Concussion in Sports” and “Sudden Cardiac Arrest” education courses prior to the first date of practice of their sport- and I have their completion certificates on file.
- If we have non-traditional (homeschool) students participating- we have indicated that we allow homeschool on our membership form.
- I also certify that all of my coaches have passed background checks **prior to their first day** of contact with any students- that clear them to be in the presence of minors.

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. I understand that any violations may / will result in my school facing penalties ranging from ineligibility for post-season play, probation and could also include removal from the SSAC. Additionally, if a coach or ANY representatives of my school commit violations that result in disciplinary action and/or fines- our school is responsible for their actions.

_____ / ____ / _____
Athletic Director Name (printed) Athletic Director Signature Date