

# GREENVILLE COUNTY SCHOOLS



## Athletic Participant Application and Permission for 2016-17 for students attending the Governor's School for the Arts

**Directions:** The below information is to be filled out by the designated individuals. An official from the Governor's School for the Arts **must present** this with all requested documents to the school athletic director of the resident public school where the student seeks to participate. All requested documents and fees are to be attached with this form. **This form is required for each activity.** Items marked with an asterisk \* are required only for those activities governed by the SC High School League.

**Section I: Required Documentation** – Upon presentation of this application, the parent/legal guardian must have:

1. \* Most recent **report card and official transcript** with a school stamp and signed by the principal (each sport)
2. \* Student **Physical Examination/Parent Permission Form** completed, signed, and attached (once per year)
3. \* **Student Athletic Insurance** (\$22 middle / \$40 high) attached/included (once per year)
4. \* **Risk Acknowledgement Form** signed and attached (one time only for entire school career)
5. \* **State Certified Copy of Student's Birth Certificate** attached (will be returned to student; one time only for entire school career)

NOTES: All forms online at <http://www.greenville.k12.sc.us/gcsd/schools/sports/>

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

_____			____/____/____
Extracurricular Activity for which the Student Seeks to Participate			Date of Application
_____	_____	_____	____/____/____
Student's Last Name	First Name	Middle Name	Date of Birth
☛ Remaining information required only for students who reside at home and commute to the Governor's School:			
_____		_____	_____
Home Address		City/Town	Zip Code
_____			
Name of Parent or Legal Guardian (please print)			
I certify the address above is our legal residence, the above named student resides with me, and I am his/her parent or legal guardian.			
			_____ Signed: Parent or Legal Guardian
☛NOTE: Students who reside at home and commute to the Governor's school are eligible only at their resident school where they live and will be required to show proof of residence when this form is given to the resident school's athletic director.			

### Section III: To be completed by the Administrator of the Governor's school

2016-17 Grade Level of Student: _____	Year the Student Entered 7 <sup>th</sup> (for MS student) 9 <sup>th</sup> (for HS student) Grade: _____
I certify the following items regarding the above student's information as being truthful and accurate:	
1. The extracurricular program the student is applying to participate in is not offered at our school.	
2. *The student is eligible at our Governor's school and has met all requirements for eligibility of the South Carolina Code of Laws (Section 59-39-160) and Article VII of the South Carolina High School League's Constitution.	
_____ Signed: Administrator of Governor's School	

**Defined Extracurricular Activities** include those activities sponsored solely by the resident school, carry no academic credit, do not fall within the scope of the regular curriculum, or have a requirement for enrollment in a class during the regular academic day at the resident school.



Office of the Director of Athletics  
GREENVILLE COUNTY SCHOOLS

21 May, 2016

**TO:** Governor's School Students  
**FROM:** Darryl Nance, Director of Athletics  
**Re:** Participation in Extracurricular Activities

Welcome to the Greenville County Schools' extracurricular and athletic programs. As you are aware, two new statutes were passed and signed into law by the Governor that allow charter school, home school and governor's school students to tryout for and, if selected, participate in extracurricular activities at their resident school. Thank you for considering trying out for an athletic team or participating in an extracurricular activity at the resident traditional public school within your attendance zone. We want to make your transition into our programs as smooth as possible.

Extracurricular activities in our schools (GCS) are those activities sponsored solely by the resident school, carry no academic credit, do not fall within the scope of the regular curriculum, or have a requirement for enrollment in a class during the regular academic day at the resident school. To participate in one of these activities you will be asked to complete the application packet (can be obtained at your school, from our webpage at [www.greenvillecountyathletics.com](http://www.greenvillecountyathletics.com), or directly from one of our schools). The application is self-explanatory. Please understand that we are not requiring anything of you that we do not require of any other student coming into GCS schools.

We are strong advocates of the value of extracurricular activities. It is in these vital programs where young people learn lifelong lessons as important as those taught in the classroom. These extracurricular activities support the academic mission of our schools, are inherently educational, and foster success in later life.

Again, we welcome you and wish you well. Should you have any questions, do not hesitate to contact me.

**Darryl Nance, Director of Athletics**  
301 Camperdown Way ▪ PO Box 2848 ▪ Greenville SC 29602-2848  
Office: 864.355-3987 ▪ Fax 864.355-9154 ▪ Email: [dnance@greenville.k12.sc.us](mailto:dnance@greenville.k12.sc.us)



PARENTS’/GUARDIANS’/ATHLETE’S Risk Acknowledgement

Athlete’s Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

My/Our child wishes to participate in the athletic program at \_\_\_\_\_ high school.
(name of school)

I/We realize that there are risks involved in this participation and attended a group meeting on \_\_\_\_\_
(date)

where these risks were discussed and explained. The meeting was run by \_\_\_\_\_
(name of school person)

We had the opportunity to have all our questions answered.

I/We understand that the risks include a full range of injuries, from minor to severe. I/We recognize the possibility that my/our child might die, become paralyzed, or suffer brain damage or other serious, permanent injury as a result of participation in this sports program. I/We realize that neither the protective equipment and padding used in athletics programs, the safety rules and procedures of the various sports, the coaching instruction received, nor the sports medicine care provided to athletes will guarantee safety or prevent all injuries he/she might sustain. I/we agree to accept these risks as a condition of my/our child’s participation in this program.

In consideration for my/our child’s participation in the program, I/we hold harmless and release Greenville County Schools and its employees, agents, coaches, volunteers, trustees, and USA Football, Inc., from all present and future liabilities, expenses, damages, losses, injuries, judgments, and claims, of whatsoever, in equity or at law, which I/we or my child may have, whether known or unknown, suspected or unsuspected, asserted or not asserted, arising out of participation by my/our child in the program.

ADDITIONAL OR SPECIAL CONDITIONS Risk Acknowledgement

(NOTE: Fill this box out ONLY if your child has a pre-existing condition that may increase risk of injury and/or illness. If this section does not apply to you, then write “not applicable” or “NA” in the first space.)

I also realize that my/our child’s \_\_\_\_\_ creates additional risks and
(condition)

I/we discussed these risks with the athletic director, coach (es), and the sports medicine provider(s) in a meeting on \_\_\_\_\_. They explained to me/us that, because of this condition, the special risks for my/our child are (List all concerns. Should you need more room, write on the back of this form. Write legibly.):

I/we understand these concerns and agree to follow all directions and recommendations of my/our physicians and sports medicine providers in this program. I/we also agree to accept these additional risks as a part of my/our child’s participation in the program.

\_\_\_\_\_
Date

\_\_\_\_\_
Signature of Parent/Guardian

\_\_\_\_\_
Date

\_\_\_\_\_
Signature of Athlete/Participant