## Georgia Association of Private & Parochial Schools

Fayetteville, GA 30214 <u>www.gappschools.com</u> contact@gappschools.com (678) 679-7123



## **AES Athlete Agreement Form**

Date:		
Student's Name (as it appears on Birth Certificate):		
Date of Birth:		
Name of GAPPS School that student is applying to participate	with:	
Has the student been enrolled at any school (public, private, o	other) since beginning 9th Grade?	
Yes No (if yes, a copy of his/her transcri	ipt is required from that school)	
If yes, name and location of school?		
AES students will be eligible to participate with a GAPPS men to his/her age. Once an AES athlete has established a "Home B with that "Home Base" school for all sports offered by the scho Base" school, similar to an enrolled student.	Base" school, they are required to participate	
As of September 1st, of the current year, what grade level and	d age are the student?	
Grade: Age:		
I have read and understand all rules regarding AES participation in the GAPPS manual (Bylaw 1.60). I am also aware of the \$10.00 per AES student fee associated with the submission of this application. This \$10.00 fee will be billed directly to the member school at the Student Addition Deadline each season.		
Head of School's Signature: Prir	nted Name:	
Athletic Director's Signature: Pri	nted Name:	
Parent's Signature: Prin	nted Name:	

of the students Homeschool Declaration of Intent.

In addition to this form, GAPPS Schools are required to submit the students Birth Certificate and a copy

## NCHSAA | Intent to Participate & Consent Form for a Home-Schooled Student

The NCHSAA requires that each home-schooled student wishing to tryout out for an athletic team at any member high school have permission from the parents/legal custodian to do so. Without this expression of intent to try out for a team(s), including giving consent to do so, your student will not be allowed to try out for the team. I further understand that this form with my signature, does not guarantee that my student will "make" the team.

My child desires	to try out for the follo	owing sports(s):
Please sign and resport.	eturn this form to sch	nool <u>at least</u> ten (10) days prior to the tryout date for the
Student name: Address: City/State/Zip: Home Phone:	Work Phone:	Alternate Name & Phone:
Parent Name:		Date:09/19/21
Parent		