



## Themed School Student Participation in GHSA Athletics

To be eligible for participation, an individual must be enrolled full time in the school that sponsors the **competitive activity**; or if the individual is enrolled at Gwinnett Online Campus, the International Transition Center, the Gwinnett School of Mathematics, Science and Technology, McClure Health Science HS, or Paul Duke STEM HS, the individual shall be allowed to participate in GHSA extracurricular activities as a member of the school team for the school which they would ordinarily attend within the policies of the Board.

### Participation Acknowledgement:

- I understand I must contact my themed school Administration to begin the process for participation of my student in athletics at their zoned high school.
- I understand my student must be academically eligible to participate under guidelines set forth by Georgia High School Association.
- I understand my student is only eligible for participation at what would traditionally be their zoned school.
- I understand my student must follow the same procedures as all students to be part of any athletic team.
- I understand my student will be subject to the Gwinnett County Public Schools Athletic Code of Conduct.
- I understand my student must complete all compliance measures for safety including a physical. Refer to your local school Athletic Director for more information.
- I understand my student is only allowed to participate in **GHSA athletics** and no other clubs and activities at their zoned school.
- I understand that transportation for my student will not be provided for athletic purposes. In cases where normal bus route transportation does not support games or practices it is the responsibility of the student/parent to secure transportation.
- **I understand school times will not be altered for practices or games and it is the responsibility of the student to make transportation arrangements when needed.**
- I understand it is the responsibility of my student to make arrangements with their school when GHSA events impact attendance.
- I understand my student may miss school for GHSA sanctioned playoff events. (Region, Sectionals or State

**By signing below, I acknowledge receiving the participation agreement and understand the requirements.**

Parent Signature: \_\_\_\_\_

Student Number: \_\_\_\_\_

Print Parent Name: \_\_\_\_\_

Print Student Name: \_\_\_\_\_

School Attending: \_\_\_\_\_

Zoned School: \_\_\_\_\_

Administration Printed Name \_\_\_\_\_

Administration Signature \_\_\_\_\_

Sport(s): \_\_\_\_\_

Date: \_\_\_\_\_