



NON TRADITIONAL SCHOOL ELIGIBILITY REPORT

This form must be submitted to and approved by the state office on each individual student by the school prior to students trying out for a member school team.

(Name of In-Zone School) (Name of Sport/Activity)

Student's Name _____

Parent's Name _____ Parent Phone # _____

Address _____

Email address: _____

Date of Birth: ___ / ___ / ___ Age: _____ Current Grade: _____ Year Entered 9th Grade: _____

1. Provide the name of the educational facility offering the student's program of study, and confirm whether it operates in compliance with state law. _____, ___yes ___no

2. Does the student and his/her parents(s) or guardian(s) have a legal residence within the school district (Cumberland County), assigned zoned school? _____yes _____no

3. Please list the courses the student is currently approved to take which would count toward graduation if he/she was enrolled in your school:

- 1. _____
2. _____
3. _____
4. _____
5. _____

4. Did the student earn five or more credits the previous school year based on the LEA/private school's monitoring plan? _____yes _____no

Please provide a transcript.(required for TSSAA sanctioned high school and middle school sports)

5. Does the student's parent(s) or guardian(s) have proof of basic primary medical insurance coverage and liability insurance coverage?
_____yes_____no

If so, please provide proof of insurance.

6. Does the student meet all other TSSAA eligibility requirements (examples: age, semester, repeating, transfer, physical examination, etc.)?

_____yes_____no

7. Does the student have an athletic record at a TSSAA member school or other state association member school in the past twelve (12) months?

_____yes_____no

If so, where and in what sport(s)? _____

8. Was the student enrolled and in regular attendance at an educational facility the past 12 months?

_____yes_____no

If not, please explain _____

By signing this form, I verify that the above information is correct and has been thoroughly reviewed.

Principal Name on In-Zone School (Print)

Date

Signature of Principal

Date

Indemnity Agreement

WHEREAS, the undersigned Indemnitors have been unable to procure liability insurance naming Cumberland County Schools and the TSSAA as an insured party pursuant to Article II, Section 25, of the TSSAA Bylaws; and

WHEREAS, Cumberland County Schools and the TSSAA has agreed to accept this Indemnity Agreement in lieu of said liability insurance for purposes of Article II, Section 25, of the TSSAA Bylaws;

In consideration of the foregoing, the Indemnitors jointly and severally agree to indemnify and save harmless Cumberland County Schools and the TSSAA (including its officers, agents, employees, successors and assigns) from any claim, action, liability, suit, damage, or loss, including attorneys' fees and reasonable costs incurred in defending the same, arising from any acts or omissions of (Student's name)_____

while he/ she is participating in interscholastic athletics/extracurricular (including contests, practices, and related activities) pursuant to Article II, Section 15, of the TSSAA Bylaws (the "Non Traditional Students")(Varsity and JV).

If any claim covered by this Agreement is asserted, Cumberland County Schools and the TSSAA shall provide the Indemnitors with notice of the claim in writing. Thereafter, the Indemnitors shall at their own expense defend, protect and save harmless Cumberland County Schools and the TSSAA against said claim or any loss or liability resulting therefrom. Should the Indemnitors fail to so defend and/or indemnify and save harmless, then, in such case, Cumberland County Schools and the TSSAA shall have full rights to defend, pay or settle said claim on its own behalf without notice to the Indemnitors, who shall reimburse Cumberland County Schools and the TSSAA for all fees, costs, and payments made or agreed to be made to discharge said claim.

The Indemnitors agree to pay all reasonable attorneys' fees incurred by Cumberland County Schools and the TSSAA in enforcement of this Agreement.

This agreement shall be unlimited as to amount or duration, and it shall be binding upon and inure to the benefit of the parties, their successors, assigns and personal agents and representatives.

Signed this _____ day of _____, _____.

Indemnitor (Parent or Legal Guardian)

Indemnitor (Parent or Legal Guardian)