



# Athletic Participation Form (AP-1)

Sport: 8 man football 2020 season

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

Address: \_\_\_\_\_

Athletic Director: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Coach name: \_\_\_\_\_

## Team Roster: 25 roster limit maximum-games & practice

Name	D.O.B.	Grade
1)		
2)		
3)		
4)		
5)		
6)		
7)		
8)		
9)		
10)		
11)		
12)		
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21)		
22)		
23)		
24)		
25)		

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 **ON OR BEFORE THEIR FIRST DAY OF PRACTICE.** Additionally, you certify the ALL of the listed athletes meet **ALL SSAC eligibility requirements**, on or before the starting date of the participating sport, and **ARE FULLY ENROLLED ON YOUR CAMPUS**, (NO ATHLETE MAY BE ATTENDING ANOTHER SCHOOL AND PLAY AT YOUR SCHOOL) **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 Physical Form valid for 365 days from obtainment.
- Completed the NFHS “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-1A & 1B which remains at school site.
- Additionally, I certify that **all my Coaches (paid or volunteer) have completed**, the NFHS “Concussion in Sports”, “Sudden Cardiac Arrest” and “Heat related Illness” education courses, along with any other requirements **prior to the first date of practice of their sport and I have their completion certificates on file.**
- We understand that there is a **ZERO tolerance policy** on recruiting in the SSAC. Any violations are grounds for forfeiture of games, and removal from the SSAC.
- We give permission to the SSAC to utilize our school logo/name/ colors in all promotional materials and/or items related to any games / playoffs and championships we are involved in.
- **We agree that by signing this form we are contracting and agreeing to play ALL SCHEDULED REGULAR SEASON, PLAYOFF and/or MATCH UP GAMES assigned by the SSAC. Refusing to play or cancelling any games WILL result in penalties, including a minimum fine of \$1500,** if our home game, OR an amount equal to the average ticket and concession sales for the opponent, if we are the VISITOR- paid directly to our opponent. Failure to pay the fines immediately will result in disciplinary action, up to and including removal from the SSAC for all sports. Member schools may also be immediately removed from membership in the SSAC for cancelling a game.
- **We agree to immediately and fully cooperate with any investigation into allegations of eligibility or rules violations. Failure to fully and immediately cooperate (within 1 business day) can result in removal from the SSAC.**
- If we have non-traditional (homeschool) students participating, we have indicated that we allow homeschool on our membership form, and have received clearance from the SSAC PRIOR to their participation.
- I also certify that all of my coaches (paid or volunteer) have passed background checks **prior to their first day** of contact with any students that allows them to be in the presence of minors.

- By signing this form, we acknowledge that we are completely aware of the requirements and guidelines in the Zachary Martin Act, regarding heat related injuries and illness. and my signature verifies that we will abide by all requirements in this act.
- **We agree that we will not have more than 25 players on our roster or at practice. There are no practice squads, or additional players allowed.**

Documentation and all forms must be kept by the school for a minimum of one calendar year. Documentation/records will be provided to the SSAC immediately upon request. Refusal to provide any documentation or records can result in immediate dismissal from the conference. *I understand that any violations may result in my school facing penalties ranging from being ineligible for postseason, probation, fines and/or 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.*

*By signing this form, We have read, and agree to abide by all of the above rules, and understand their penalties. We are also the official representatives for our school, and this is a binding agreement between the SSAC and our school.*

\_\_\_\_\_

Athletic Director Name (printed)

\_\_\_\_\_

Athletic Director Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_

Date