

The South Carolina Independent School Association 2026-27 Agreement for Participation

ATHLETIC PARTICIPATION POLICIES AND CODE OF CONDUCT

I. STATEMENT OF PHILOSOPHY

The primary purpose of the school is education. Participation in interscholastic athletics is considered a **privilege**, not a right. This privilege is extended only to students who meet the eligibility requirements established by the **South Carolina Independent School Association (SCISA)** and the policies of the school. Athletic programs are designed to support the educational mission of the school by promoting character development, teamwork, discipline, and sportsmanship.

II. CODE OF CONDUCT

All spectators, coaches, and student-athletes are expected to support their school and team in a **positive, respectful, and sportsmanlike manner**. The athletic environment is an extension of the classroom where lessons in responsibility, respect, and fair competition are reinforced. The **safety and well-being of students, coaches, officials, and spectators** is of the highest priority. All athletic events shall be conducted in accordance with the policies, rules, and regulations of the **South Carolina Independent School Association (SCISA)**. Participants, coaches, and spectators must conduct themselves at all times in a **reasonable and sportsmanlike manner**.

A. Violations of the Code of Conduct

A participant, coach, or spectator will be considered in violation of this Code of Conduct if he or she engages in any of the following behaviors:

Derogatory Remarks Making degrading or disrespectful remarks toward any spectator, official, coach, or athlete during or after a contest, whether on or off the playing surface. School officials, coaches, and players shall not publicly criticize other schools, coaches, players, or officials through media or social media platforms.

Disputing Officials Arguing with an official or displaying gestures or conduct indicating disagreement, disrespect, or disdain for an official's decision.

Profanity or Abusive Language Using foul, abusive, inappropriate, or profane language at any time.

Entering the Playing Area Entering the playing field, court, or competition area to protest, question, or object to a call or play.

Physical Contact or Aggression Hitting, shoving, grabbing, striking, or attempting to strike any official, coach, athlete, or spectator.

Ejection from a Contest Being ejected or removed from any athletic contest.

Confronting Officials After a Contest Detaining, following, pursuing, or confronting an official after a contest to question or express dissatisfaction with a ruling or game outcome.

Use of Prohibited Substances Possessing, using, or displaying alcohol, tobacco products, or any unauthorized drug at an athletic event.

B. Disciplinary Action

Violations of the Code of Conduct may result in **disciplinary action**, including but not limited to: Fines, Suspension from participation or attendance, Probation, or Additional penalties as determined by SCISA. The school will be notified of any disciplinary action taken by SCISA and is responsible for enforcing such action.

III. WARNING OF INHERENT RISKS OF ATHLETIC PARTICIPATION

Participation in athletic activities involves **inherent risks of injury**. Injuries may range from minor to severe and may include permanent disability or death. While serious injuries are uncommon in properly supervised programs, it is impossible to eliminate all risks associated with athletic participation. Student-athletes share responsibility for reducing the risk of injury by:

- Following all safety rules and instructions
- Promptly reporting injuries or physical concerns
- Adhering to safe playing techniques
- Inspecting personal equipment and reporting any damage or defects

Participation in athletics and attendance at public events, including sporting events, may also involve possible **exposure to infectious diseases**, including but not limited to: MRSA, Influenza, COVID-19.

IV. GUARDIANSHIP REQUIREMENT

To be eligible for athletic participation, a student must reside with his or her **parent(s) or legal guardian(s)**. Additional guardianship eligibility requirements are outlined in the **SCISA Blue Book**, which should be consulted for complete details.

V. STUDENT ATHLETIC ELIGIBILITY RULES

A. Eight-Semester Rule: A student is granted **eight (8) consecutive semesters of athletic eligibility** beginning with the student's first enrollment in the **ninth (9th) grade**.

B. Academic Eligibility Requirements

Students must meet the following academic standards to maintain athletic eligibility:

B. Academic Eligibility Requirements

Grades 9–12 - Students must pass either:

- Four (4) one-unit core courses, or Five (5) one-unit courses each grading period or semester.

Students Below Grade 9

Students must pass **four (4) academic subjects** each grading period or semester.

Senior Students

A senior who has met or is meeting all graduation requirements must pass **four (4) one-credit courses** each marking period or semester.

Beginning-of-Year Eligibility

To be eligible at the start of the school year, a student must have earned: **Four (4) core units**, or **Five (5) total units of credit**.

Courses or credits obtained through the **Home School method during the school year** may not be used to determine athletic eligibility.

Previous Year Academic Requirement

Any student who failed to earn credit for **at least fifty percent (50%) of all courses taken during the previous school year** will be ineligible for athletic participation until the **successful completion of the first semester of the current school year**.

Practice Restrictions

A student who is **academically ineligible** may **not** participate in team practices until academic eligibility has been restored.

VI. GRADE-LEVEL PARTICIPATION REQUIREMENTS

A. Varsity Teams: Eligible students may participate on varsity teams as follows:

Sport Eligible Grades

Soccer, Football, Lacrosse (Grades 8–12) Baseball, Basketball, Softball (Grades 7–12) All Other Varsity Sports (Grades 6–12)

B. Junior Varsity Teams: Eligible students may participate in junior varsity athletics as follows:

Sport Eligible Grades

Track, XC, Swimming, Volleyball, Golf, Tennis (Grades 5–10) / Basketball, Baseball, Softball, Soccer, Wrestling (Grades 6–10)

VII. B-TEAM PARTICIPATION REQUIREMENTS

Grade Level Requirements: Eligible students may participate on B-Team athletic teams according to the following grade restrictions: B-Team Sports (except football) Grades 5-8 / B-Team Football Grades 5-7.

For student safety, coaches and parents should carefully evaluate the **skill level, physical maturity, and competitiveness** of students below the sixth (6th) grade prior to permitting participation on any B-Team.

VIII. AGE ELIGIBILITY REQUIREMENTS

The following age requirements apply to all athletic participation. **No exceptions will be granted to these age standards.**

General Eligibility: A student is **ineligible** to participate in athletics if the student's **nineteenth (19th) birthday occurs before July 1, 2026.**

Junior Varsity Athletics: To participate in junior varsity athletics, a student **must not have reached his or her sixteenth (16th) birthday prior to July 1, 2026.**

B-Team Athletics: To participate in B-Team athletics, a student **must not have reached his or her fifteenth (15th) birthday prior to July 1, 2026.**

B-Team Football Exception: To participate in B-Team football, a student **must not have reached his or her fourteenth (14th) birthday prior to July 1, 2026.**

IX. TRANSFER ELIGIBILITY RULES

A. Member School to Member School Transfer: Sixty (60) Day Rule

A student transferring from one SCISA member school to another after: Attending at least one class during the school year; or Participating in team practice on or after the first official practice date; shall be required to wait **sixty (60) calendar days** before becoming eligible to participate in any athletic contest, including games or scrimmages. This waiting period **may be waived in the event of a bona fide change in residence.**

B. Non-Member School to Member School Transfer

A student transferring from a **non-member school** to a SCISA member school must complete **ten (10) days of practice** before becoming eligible to participate in a game. Approval of the transfer must be obtained in accordance with SCISA procedures.

C. Transfer Procedure

Students transferring schools must complete the following requirements: Submit a **completed Transfer Form**; Provide a **written statement explaining the reason for the transfer.**

D. Deadlines for Non-Member to Member Transfers

Transfer eligibility deadlines are as follows: **Fall Sports:** Student must be enrolled and attending classes **by September 11 / Winter Sports:** Student must be enrolled **by January 8** or by the **end of the student's first semester.**

E. Second Semester Transfers

All **second-semester transfers**, whether **member-to-member** or **non-member-to-member**, are subject to the **Sixty (60) Day Rule**.
Exception: Bona fide change in residence.

F. Additional Transfer Regulations

The following additional policies apply to transfer students:

- A transfer student must attend classes for **at least thirty (30) days prior to the start of playoffs** in order to be eligible to participate in postseason competition.
- An academically eligible transfer student must have been eligible to represent his or her **previous school under all applicable school, student, and athletic policies** at the time of transfer.
- If the student was not eligible, the student must wait **ninety (90) calendar days** before becoming eligible. The SCISA committee reserves the right to **extend this waiting period** if circumstances warrant.
- A student who transfers **before the start of the school year**, and who has **not attended a class or practiced with a team on or after the first official practice date**, may be declared immediately eligible if all eligibility requirements are satisfied.
- The waiting period for transfer eligibility shall **begin on the first day the student attends class** at the new school.

X. MEDICAL INSURANCE COVERAGE

Parents and guardians should understand the school's medical insurance policy regarding athletic participation. The **South Carolina Independent School Association (SCISA)** requires each member school to participate in the **SCISA Catastrophic Insurance Plan**, which provides coverage in the event of a catastrophic athletic injury. This policy is intended to supplement, not replace, a family's primary medical insurance coverage.

XI. RECRUITING

Students must not transfer schools as a result of **recruiting or undue influence** related to athletic participation. All recruiting policies and definitions are governed by the **SCISA Blue Book**, which should be consulted for complete guidelines and enforcement procedures.

XII. ALL-STAR PARTICIPATION AND MEDICAL AUTHORIZATION

If selected, parents or guardians grant permission for their child to participate in **SCISA All-Star Games**. By granting this permission, the parent or guardian acknowledges and agrees that: The **South Carolina Independent School Association (SCISA)**, the host school, and their respective agents, members, employees, and affiliated organizations **shall not be held liable** for any accident or injury occurring during participation. The parent or guardian authorizes **emergency medical treatment** for the student-athlete if necessary. The parent or guardian accepts **financial responsibility for any medical expenses** incurred as a result of such treatment.

XIII. PARENT AND STUDENT ACKNOWLEDGMENT ATHLETIC PARTICIPATION CONSENT AND LIABILITY AGREEMENT

I, the undersigned parent or legal guardian, grant permission for the student named below to participate in interscholastic athletics governed by the **South Carolina Independent School Association (SCISA)** and the policies of the school listed below. By signing this document, both the student and parent/guardian acknowledge that they have **read, understand, and agree to comply with** the following:

- The **SCISA Statement of Philosophy**
- The **Athletic Code of Conduct**
- The **Summary of Student Eligibility Rules**
- All school and SCISA athletic policies and regulations

Participation in athletics involves **inherent risks of injury**, including the possibility of serious injury, permanent disability, or death. By granting permission for participation, the parent/guardian and student acknowledge these risks and voluntarily accept them. The parent/guardian further acknowledges and agrees to the following:

- **Eligibility Verification** The South Carolina Independent School Association (SCISA) and the school may review the student's academic and school records for the purpose of verifying athletic eligibility.
- **Transfer Rule Acknowledgment** The student named below may only participate in athletics for the school listed on this form. Any transfer to another school after this form has been filed may subject the student to the **SCISA Sixty (60) Day Rule** or other eligibility restrictions.
- **Medical Authorization** In the event of an injury or medical emergency, the parent/guardian authorizes school officials, coaches, athletic trainers, or other authorized personnel to obtain **necessary emergency medical treatment** for the student.
- **Financial Responsibility for Medical Care** The parent/guardian accepts full responsibility for **all medical expenses** incurred as a result of treatment for injuries sustained while participating in athletic activities or events governed by SCISA.
- **Release of Liability** The parent/guardian and student agree **not to hold the South Carolina Independent School Association (SCISA), the participating school, host schools, or any of their agents, members, employees, or affiliated organizations liable** for accidents or injuries that may occur during athletic participation, except where prohibited by law.

This document shall be considered a **binding agreement** between the parent/guardian, the student, the school, and the South Carolina Independent School Association.

STUDENT INFORMATION

Student Name: _____ Date of Birth: _____

School Name: _____ Sport(s): _____

School Year: _____

PARENT / GUARDIAN CONSENT

I certify that I am the **parent or legal guardian** of the student named above and that I have read, understand, and agree to the terms outlined in this Athletic Participation Consent and Liability Agreement.

Parent/Guardian Name (Printed): _____ Date: _____

Parent/Guardian Signature: _____ Cell # _____

STUDENT ACKNOWLEDGMENT

I acknowledge that I have read and understand the **Athletic Code of Conduct and eligibility requirements**, and I agree to abide by all rules and policies of the school and the South Carolina Independent School Association.

Student Name (Printed): _____ Date: _____

Student Signature: _____

Preparticipation Physical Evaluation - Physical Form

Last Name _____ First Name _____ Middle Initial _____ Date of Birth _____

Examination			
Height:	Weight:		
BP: / (/)	Pulse:	Vision: R 20/ L 20/	Corrected ____ Yes ____ No

Medical	Normal	Abnormal Findings
Appearance: Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse (MVP), and aortic insufficiency)		
Eyes / Ears / Nose / Throat - Pupils equal / Hearing		
Lymph Nodes		
Heart - Murmurs (auscultation standing, auscultation supine, and +/- Valsalva maneuver)		
Lungs		
Abdomen		
Skin - Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant Staphylococcus aureus (MRSA), or tinea corporis		
Neurologic		
Musculoskeletal:		
- Neck		
- Back		
- Shoulders/Arm		
- Elbow/Forearm		
- Wrist/Hand/Fingers		
- Hip/Thighs		
- Knees		
- Leg/Ankles		
- Foot/Toes		
- Functional: Double-leg squat test, single leg squat test, and box drop or step drop test		

Consider: electrocardiography (ECG), echocardiography, and referral to cardiologist for abnormal cardiac history or examination findings or a combination of those

Preparticipation Physical Evaluation

☐ Medically eligible for all sports without restriction.
☐ Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of: _____
☐ Medically eligible for certain sports: _____
☐ Not medically eligible pending further evaluation.
☐ Not medically eligible for any sports.
 Recommendations: _____

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. If conditions arise after the athlete had been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete and parents or guardians.

Name of health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____ MD, DO, NP, or PA

Preparticipation Physical Evaluation - History Form

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name: _____ Date of Birth: _____ Sex: _____

Date of Examination: _____ Sport(s): _____

List past and current medical conditions: _____

Have you ever had surgery? If yes, list all past surgical procedures: _____

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional): _____

Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects): _____

General Questions Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.	Yes	No	Medical Questions	Yes	No
1 Do you have any concerns that you would like to discuss with your provider?			16. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
2 Has a provider ever denied or restricted your participation in sports for any reason?			17. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
3 Do you have any ongoing medical issues or recent illness?			18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?		
Heart Health Questions About You	Yes	No	19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant Staphylococcus aureus (MRSA)?		
4. Have you ever passed out or nearly passed out DURING or AFTER exercise?			20. Have you ever had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?		
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			21. Have you ever had numbness, tingling, or weakness in your arms or leg, or been unable to move your arms or legs after being hit or falling?		
6. Does your heart ever race, flutter in your chest or skip beats (irregular beats) during exercise?			22. Have you ever become ill while exercising in the heat?		
7. Has a doctor ever told you that you have any heart problems?			23. Do you or someone in your family have sickle cell trait or disease?		
8. Has a doctor ever ordered a test for your heart? (for example Electrocardiography (ECG) or echocardiography.			24. Have you ever had or do you have any problems with your eyes or vision?		
9. Do you get lightheaded or feel shorter of breath than your friends during exercise?			25. Do you worry about your weight?		
10. Have you ever had a seizure?			26. Are you trying to or has anyone recommended that you gain or lose weight?		
Health Questions About Your Family	Yes	No	27. Are you on a special Diet or do you avoid certain types of foods?		
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 (including drowning or unexplained car accident)?			28. Have you ever had an eating disorder?		
12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?			Females Only	Yes	No
13. Does anyone in your family had a pacemaker or implanted Defibrillator before age 35?			29. Have you ever had a menstrual period?		
Bone and Joint Questions	Yes	No	30. How old were you when you had your first menstrual period?		
14. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint or tendon that caused you to miss a game or practice?			31. When was your most recent menstrual period?		
15. Do you have a bone, muscle, ligament or joint injury that bothers you?			32. How many periods have you had in the past 12 months?		

Explain a "Yes" answer here. _____

I hereby state that, to the best of my knowledge, my answers to the questions on this form are complete and correct.

Signature of athlete: _____

Signature of parent or guardian: _____

Date _____

The South Carolina Independent School Association Warning of Inherent Risk

Participation in interscholastic athletics is a privilege. Student-athletes and parents/guardians must acknowledge the risks associated with athletic participation and agree to the responsibilities outlined below before participating in any practice, tryout, conditioning session, or contest.

1. Warning of Inherent Risk

Participation in interscholastic athletics involves inherent risks of injury. Even with proper coaching, equipment, and supervision, injuries may occur. These risks may include, but are not limited to:

- minor injuries such as sprains, strains, and bruises
- serious injuries including fractures, ligament damage, and internal injuries
- head injuries or concussions
- catastrophic injuries such as paralysis
- in rare cases, permanent disability or death

No amount of instruction, supervision, or protective equipment can completely eliminate the risk of injury associated with athletic participation. By choosing to participate, the student-athlete and parent/guardian acknowledge and accept these inherent risks.

2. Student-Athlete Responsibilities

By signing this form, the student-athlete agrees to:

1. Follow all rules, policies, and instructions of the school, coaches, athletic trainers, and the Association.
2. Participate in a safe and responsible manner and respect the safety of teammates and opponents.
3. **Immediately report all injuries, illnesses, or symptoms** (including concussion symptoms) to a coach, athletic trainer, or school official.
4. **Report any unsafe conditions or defective equipment** to a coach or school official and discontinue use until corrected.
5. Use athletic equipment properly and maintain equipment issued by the school.
6. Follow all return-to-play requirements following injury or illness.
7. Maintain good sportsmanship and conduct consistent with school and Association policies.

Failure to follow safety rules or to report injuries or unsafe equipment may increase the risk of injury to the student-athlete and others.

3. Parent/Guardian Responsibilities

By signing this form, the parent/guardian acknowledges and agrees to:

1. Understand that athletic participation involves inherent risks.
2. Encourage the student-athlete to report injuries, symptoms, or equipment concerns immediately.
3. Monitor the student-athlete for signs or symptoms of injury, illness, or concussion and seek appropriate medical attention when necessary.
4. Ensure that the student-athlete follows all medical instructions and return-to-play requirements.
5. Provide accurate medical history information and notify the school of any relevant health conditions.
6. Maintain medical insurance coverage for the student-athlete or accept financial responsibility for medical expenses resulting from participation.

4. Assumption of Risk

The student-athlete and parent/guardian understand that participation in interscholastic athletics is voluntary and involves inherent risks. By signing this document, the student-athlete and parent/guardian **voluntarily assume all risks associated with participation in interscholastic athletics**, including those arising from the ordinary conduct of athletic activities.

5. Release and Waiver of Liability

To the fullest extent permitted by law, the student-athlete and parent/guardian release and hold harmless: SCISA, its member schools; school districts or governing bodies, coaches, athletic directors, officials, employees, volunteers, and agents, from claims or liabilities arising from participation in interscholastic athletics, except where prohibited by law.

6. Medical Authorization

In the event of injury, illness, or emergency during athletic participation, the parent/guardian authorizes school personnel, coaches, or medical staff to: provide emergency care; arrange transportation to a medical facility if necessary; communicate relevant medical information to healthcare providers. Reasonable efforts will be made to contact the parent/guardian prior to treatment when possible.

7. Acknowledgment and Consent

By signing below, we acknowledge that: We have read and understand this **Warning of Inherent Risk and Participation Agreement**. We understand the risks associated with athletic participation. We agree to the responsibilities described above. We voluntarily consent to the student-athlete's participation in interscholastic athletics.

Parent / Legal Guardian Signature

Student's Signature

Date

South Carolina Association of Christian Schools

Liability Waiver Form

This Liability Waiver Form must be completed and signed by the parent or guardian for each student before participation in any SCACS Athletic Event. The original must be on file in the school office.

PARENT/GUARDIAN RELEASE

FOR AND IN CONSIDERATION OF the mutual promises, covenants, conditions, representations, and warranties contained herein, and for other good and valuable consideration, the receipt and legal sufficiency of which are hereby acknowledged, the undersigned parent or guardian—on his or her own behalf, the behalf of any co-parent or co-guardian, and the behalf of the participant (hereinafter collectively "the undersigned")—agrees as follows:

The undersigned hereby releases, forever discharges, and covenants not to sue the South Carolina Association of Christian Schools ("SCACS") along with all of its agents, employees, directors, officers, assigns, and attorneys (collectively, the "Releasees"), from any and all claims, demands, actions, causes of action or suits arising out of any injuries, known or unknown, which have resulted or may in the future result from any SCACS-sponsored event that takes place at any location approved by SCACS.

The undersigned hereby assumes all risk of injury associated with any such event and fully indemnifies and holds harmless the Releasees from and against each and every liability, loss, cost, damage, and expense, including attorney's fees, which the Releasees may incur as a result of any SCACS-sponsored event that takes place at any location approved by SCACS. The undersigned understands and appreciates that the risk of injury from such activities may be significant, including but not limited to the potential for paralysis and death.

The undersigned hereby releases and waives all liabilities for, and covenants not to sue the Releasees for, any and all loss, damage, and any claims or demands on account of injury to his or her child or property arising out of or in any way connected with the child's participation in any SCACS-sponsored event, whether caused by actual or passive negligence of the Releasees or other participants. The undersigned hereby agrees to comply with all rules and instructions for participation, and assumes liability for harm caused by participant to any co-participant or facilities.

The undersigned hereby certifies that his or her child is in good physical condition, is able to safely participate in SCACS sponsored events, and has no medical condition that would either prohibit his/her participation or make participation more hazardous. The undersigned hereby consents to medical care and transportation in order to obtain treatment in the event of injury to his or her child as deemed appropriate by Releasees' employees, staff, volunteers or medical professionals, and understands that this Liability Waiver extends to any liability arising out of or in any way connected with such medical treatment or transportation.

The undersigned expressly agrees that this Liability Waiver is intended to be as broad and inclusive as permitted by the law of the State of South Carolina, and that if any portion is held invalid, the balance shall remain in full legal force and effect. The undersigned further represents that no oral representations or inducements apart from this Liability Waiver have been made by the Releasees. The undersigned understands and acknowledges that the laws of South Carolina shall apply to all matters relating to this Liability Waiver, and the exclusive jurisdiction for any dispute with the Releasees relating in any way to this Liability Waiver shall lie in the state or federal courts in and for South Carolina.

This liability waiver/release applies to the following student-athlete:

Student's Name: _____

who is currently enrolled in the following SCACS member school:

School Name: _____

School Address: _____

Date: _____

I HAVE READ THIS LIABILITY WAIVER AND FULLY UNDERSTAND ITS TERMS. I UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL LEGAL RIGHTS BY SIGNING BELOW, INCLUDING THE RIGHT TO SUE THE RELEASEES. I ACKNOWLEDGE THAT I AM SIGNING THIS LIABILITY WAIVER FREELY AND VOLUNTARILY AND INTEND MY SIGNATURE TO BE A WAIVER AND COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY DUE TO THE NEGLIGENCE OF RELEASEES OR THE INHERENT RISKS OF PARTICIPATING IN SCACS-SPONSORED EVENTS.

Parent/Guardian's Signature

Parent/Guardian's Printed Name

Notice to sponsoring school: *A parent or guardian of the named student must sign this document before such student can participate in any SCACS-sponsored event.*

***The SCACS reserves the right to periodically perform random checks on schools to make sure their forms are current. Schools found out of compliance with these policies will be subject to a \$100 fine and/or forfeiture of games played.**