



# Cross Boundary Participation

Scholastic Directors and Instructors: Use this form when you wish to field a student who attends another school in SFWGA events. This form is not for Independent Units.

First, review Article 5 of Policies and Procedures to verify that the student meets the eligibility requirements to perform with your unit. Then complete the sections below. Signatures of the Parent and the acquiring school (SFWGA participant) Principal or Administrator must be notarized.

**IMPORTANT NOTICE:** Submission of this form *does not* establish eligibility. This form serves to notify the contest staff of the student's participation, *after* eligibility under Policy Article 5 has already been established.

## TO BE COMPLETED BY THE PARENTS (read this completely before you sign it)

I, (Parent's full name) \_\_\_\_\_ request that my son/daughter participate with the (name of school) \_\_\_\_\_ color guard or percussion unit. My son/daughter is currently enrolled at (name of school or write "home schooled") \_\_\_\_\_, which does not participate in this activity. I understand that, as a physical activity, an element of risk is present, and as a cross-boundary participant, my son/daughter may not be covered under traditional school insurance provided by the participating unit or school. I certify that I have obtained adequate accident or health insurance that will cover any injuries or illness that may arise out of this activity. Furthermore I agree to release and hold harmless the South Florida Winter Guard Association Inc, the Hosting school or organization, and the school/school districts of both the school my son/daughter is enrolled at, and the school my son/daughter will participate with, their Officers, agents, and employees, even though caused by negligence or other fault. I understand that once my son/daughter begins participating with this school/unit, s/he will not be eligible to participate with any other scholastic or independent unit until completion of the 8th grade if in Middle School, or graduation from High School. I also understand that should the school my son/daughter attends begin participating in the SFWGA, or if my son/daughter is reassigned to attend a school that participates in the SFWGA, that my son/daughter's continued eligibility to participate with the requested school/unit named above will end, and s/he will only be eligible to compete with the school that s/he attends.

Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_, 20\_\_, by (name of person acknowledging) \_\_\_\_\_

(Signature of Notary Public-State of Florida) \_\_\_\_\_  
(NOTARY SEAL) (Name of Notary Typed, Printed, or Stamped) \_\_\_\_\_

Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_  
Type of Identification Produced \_\_\_\_\_

**TO BE COMPLETED BY THE SCHOOL THE STUDENT CURRENTLY ATTENDS**

(Full name of student) \_\_\_\_\_ is currently enrolled at, and in good standing at (Name of school) \_\_\_\_\_. The student is eligible to participate in extra-curricular, interscholastic activities, as defined by the policies of the school or school district. (Notarization of the student's home school administrator is not required)

Name of Principal or Administrator \_\_\_\_\_ Title: \_\_\_\_\_

Signature of Principal or Administrator \_\_\_\_\_ Date: \_\_\_\_\_

(If home schooled, parent should sign on Administrator line above)

**TO BE COMPLETED BY THE ACQUIRING (SFWGA PARTICIPATING) UNIT**

The student named above will be participating with (Name of Unit) \_\_\_\_\_ during the 2010 Season. I have reviewed the Eligibility Policies of the SFWGA, and certify that the student meets the requirements to perform at SFWGA events with my unit. I understand that should the student's home school begin participating in the SFWGA, that the student's continued eligibility to perform with my unit will end, and have explained this to the student and his/her parents. I have also explained to the student and parents, that once the student begins participating with my unit, s/he will not be eligible to participate with any other scholastic or independent unit until completion of the 8th grade if in Middle School, or graduation from High School.

Name of Director: \_\_\_\_\_

Signature of Director: \_\_\_\_\_ Date: \_\_\_\_\_

Notarized signature of the ACQUIRING SCHOOL Principal or Administrator is required, acknowledging the student's participation.

Name of Principal or Administrator: \_\_\_\_\_ Title: \_\_\_\_\_

Signature of Principal or Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_, 20\_\_, by (name of person acknowledging) \_\_\_\_\_

(Signature of Notary Public-State of Florida) \_\_\_\_\_  
(NOTARY SEAL) (Name of Notary Typed, Printed, or Stamped) \_\_\_\_\_

Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_  
Type of Identification Produced \_\_\_\_\_