



Previous Athletic Participation Form (PAPF)



Student Name: _____

Student Address: _____

New School: _____

Previous School: _____

Grades attended at previous school: 9 10 11 12 Grade at new school: 9 10 11 12

Date of acceptance at the new school? _____

Date of withdrawal from the previous school? _____

Date of first attendance at the new school? _____

CERTIFICATION OF FAMILY

We certify that neither my child nor I have been offered nor accepted any inducement to attend the new school in accordance with Section 87 of the TAPPS By-Laws. Additionally, my child is in compliance with all TRANSFER policies as outlined in Section 104 of the TAPPS By-Laws. The new school has presented information regarding TAPPS eligibility for our review prior to signature of this document. If unsure of compliance, please consult school Athletic Director prior to signature.

Parent / Guardian Signature / Date

Student Signature / Date

CERTIFICATION OF NEW SCHOOL

We certify that to the best of our knowledge, no one has offered any inducement to the student or parent to transfer to our school. We certify that the student was not induced by anyone. We reviewed all information and circumstances pertaining to this student's transfer to our school and certify that the TAPPS By-Laws have been upheld. The new school has presented information regarding TAPPS eligibility to the student and parents for review prior to signature of this document.

Head Administrator / Date

Athletic Director / Date

CERTIFICATION AND RELEASE BY PREVIOUS SCHOOL

We certify the following answers to be true and accurate to the best of our knowledge.

- 1. ___ Yes ___ No Was this student ever suspended or removed from an athletic program in your school?
2. ___ Yes ___ No Would the student have been prohibited from athletic participation at your school if not transferring?
3. ___ Yes ___ No Is the previous school an alternative school in which the student was placed?
4. ___ Yes ___ No Based on your knowledge, did the student participate on any AAU, club or similar team coached by a coach or faculty member at the new school?
5. ___ Yes ___ No Based on your knowledge, did the student participate on any off-season league team coached by a coach or faculty member at the new school?
6. ___ Yes ___ No Based on your knowledge, did the student participate in a camp or camps involving the new school or a coach or faculty member at the new school?
7. ___ Yes ___ No Based on your knowledge, did the student receive private or group training by a coach or faculty member at the new school?
8. ___ Yes ___ No Based on your knowledge did the student receive any offer of inducement, financial or otherwise, to attend the new school?

Head Administrator / Date

Athletic Director / Date

For Office Use Only

Date Received by TAPPS: _____ TAPPS Approval Date _____

TAPPS Office
3575 Lone Star Circle, Suite 122
Fort Worth, TX 76177
254-947-9268
info@tapps.biz

TAPPS Representative Signature

Participation Start Date