



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 both school's Principals or Administrators must be notarized.

NOT VALID FOR DADE COUNTY and where otherwise prohibited by the school district

Student's Full Name: _____

Name of School student is enrolled at (or write "Home schooled"): _____

Name of School student desires to perform with: _____

PART A - TO BE COMPLETED BY THE PARENTS (read this completely before you sign it)

My son/daughter attends the school named above, which does not participate in the winter indoor color guard or percussion activities. Therefore, as their parent/legal guardian, I am requesting that they participate as part of another school's program. I understand that submission of this request does not establish eligibility, and that eligibility must be established by the Unit Director separately from this request. I understand that, as a physical activity, an element of personal risk is present, and as a cross-boundary participant, my son/daughter may not be covered under traditional 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 the requested school, 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 named above will end, and s/he will only be eligible to compete with the school that s/he attends.

Notarized signature of the parent is required:

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 _____

PART B - TO BE COMPLETED BY THE SCHOOL THE STUDENT CURRENTLY ATTENDS

The student named on Page 1 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 and school district, and I approve his/her
participation with the other school's activity as described on Page 1.

Notarized Signature of Principal or Administrator is Required

Name of Principal or Administrator _____ Title: _____

Signature of Principal or Administrator _____ Date: _____

(If home schooled, write "home schooled" on the Administrator line above, then continue to Part C)

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 _____

PART C - TO BE COMPLETED BY THE ACQUIRING SCHOOL (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 Band or Unit Director: _____

Notarized Signature of the Acquiring School Principal or Administrator is Required

Signature of Director: _____ Date: _____

Signature of School 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 _____