



PRE-ENROLLMENT CONTACT AFFIDAVIT CIF FORM 510



Pre-Enrollment Contact Affidavit must be completed by All Student Athletes And their Parent/Guardian who have transferred from one School "A" to another School "B" after enrolling in their 9th Grade Year.

1. STUDENT NAME: _____ Telephone () _____
Current Address: _____ City _____ Zip _____
Year in School (circle one): FR SO JR SR Gender (circle one): M F
2. NEW SCHOOL: _____ Date Enrolled (M/D/YR): _____
3. TRANSFER FROM: _____ Date Enrolled (M/D/YR): From _____ to _____
TRANSFER FROM: _____ Date Enrolled (M/D/YR): From _____ to _____
4. Sport(s) and level of participation in the previous twelve calendar months:
Sport _____
Sport _____
Sport _____

NOTE: BELOW YOU WILL SIGN ITEM 3 OR ITEM 4
PLEASE READ CAREFULLY. DO NOT SIGN BOTH SECTIONS.

CERTIFICATION OF APPLICATION: I authorize any former school/s and the current school to release all records/requests made by the CIF and to discuss enrollment and/or extra-curricular participation with the CIF. I authorize the CIF to use that information in making its determination. I am authorized to execute this request. I affirm that all the above statements are true to the best of my knowledge. **I further affirm that I understand that if after the approval of this athletic eligibility application, it is discovered that this approval was granted on false, erroneous, inaccurate, or incomplete information, severe penalties affecting the future eligibility of this student-athlete may result.**

By signing this affidavit, **I certify** that no person/s connected with the athletic department of the new school (School "B") or is part of the booster club of School "B", including anyone acting on their behalf, has had communication, directly or indirectly, through intermediaries or otherwise with this transfer student, student's parents, legal guardian or caregiver, or anyone acting on behalf of this student, prior to the completion of the enrollment process at School "B". **I also certify:**

1. That the student has not participated in a practice or contest during the previous 24 months on any non-school athletic team * (**i.e., AAU, club team, camp, clinic, or private lesson**) that is associated with or coached by anyone associated with the new school (School "B") (**See Bylaw 510 for definition of a non-school athletic team*).
2. That the student has not played for a coach at a former high school who is now coaching at the new school.

3. **IF THE ABOVE STATEMENTS (UNDER CERTIFICATION OF APPLICATION) ARE TRUE SIGN BELOW. YOU WILL NOT NEED TO PROCEED TO ITEM 4. IF YOU CANNOT CERTIFY THE ABOVE STATEMENTS, DO NOT SIGN ITEM 3. SKIP TO ITEM 4. BELOW AND SIGN THERE.**

PARENT SIGNATURE	DATE	STUDENT SIGNATURE	DATE
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4. **I AM UNABLE TO CERTIFY THAT SOME OR ALL OF THE ABOVE STATEMENTS ARE TRUE. THEREFORE, AS REQUIRED, I AM SUBMITTING A COMPLETE WRITTEN DISCLOSURE OF THE SPECIFICS. (ATTACH A WRITTEN EXPLANATION TO THIS FORM).**

PARENT SIGNATURE	DATE	STUDENT SIGNATURE	DATE
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