

# Texas Association of Private and Parochial Schools

## STUDENT ACKNOWLEDGMENT OF RULES

Student Name:

Date of Birth:  Current Grade:

TAPPS School

**This form must be signed by both the students and parent/guardian and be on file at the TAPPS member school prior to the student participating in any Inter-scholastic contest.**

According to the rules outlined in the TAPPS Constitution and By-Laws, by initial of the following, we attest that the above named student:

- | Student                  | Parent   |
|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> has not reached 19 years of age prior to September 1 on the current school year.  |
| <input type="checkbox"/> | <input type="checkbox"/> has not graduated from high school.   |
| <input type="checkbox"/> | <input type="checkbox"/> did not enroll in the <b>NINTH GRADE</b> more than 4 years ago, nor <b>TENTH GRADE</b> more than three years ago  |
| <input type="checkbox"/> | <input type="checkbox"/> is a full time day student taking at least four core courses on the campus of the TAPPS member school   |
| <input type="checkbox"/> | <input type="checkbox"/> has not represented a college in a contest  |
| <input type="checkbox"/> | <input type="checkbox"/> are not in violation of the TAPPS Awards Rule   |
| <input type="checkbox"/> | <input type="checkbox"/> is in compliance with the TAPPS academic eligibility rules as presented in the TAPPS Constitution, By-Laws, and Contest rules.  |
| <input type="checkbox"/> | <input type="checkbox"/> is living with their parents, attending an approved TAPPS Boarding School, or has been received approval to participate in TAPPS Extra-Curricular activities while living with a guardian as outlined in the TAPPS By-Laws. |

Please check each of the Fine Art contests in which the student may compete.

- Academic / Speech
- Art
- Instrumental Music
- Vocal Music
- One Act Play
- Cheer
- Dance

Student Name:

Parent

I hereby give my consent for the above named student to compete in TAPPS approved contests and travel with the director or other representative of the school on any trips. Neither TAPPS nor the member school assumes any responsibility in case of accident or injury.

I hereby agree to be responsible for the safe return of all equipment owned by the school and issued to the above named student.

If, in the judgment of any representatives of the school, the above named student needs immediate care and treatment as a result of injury or illness, I do hereby request, authorize, and consent to such care and treatment as may be given to said student by any physician, trainer, nurse, hospital or school representative; and do hereby agree to indemnify and save harmless TAPPS, TAPPS Staff, TAPPS Executive Board, TAPPS Representatives, the school and any school representative from any claim by any person whomsoever on account of such care and treatment of said student.

I attest that my son/daughter will abide by all TAPPS Rules as presented in the TAPPS Constitution, By-Laws and Contest Rules.

I understand that if my son/daughter is not in compliance with the TAPPS Constitution, By-Laws and Contest Rules that the eligibility of my son/daughter and the teams involved may be subject to sanctions and penalty.

I understand that the executive management, control and final authority of this association (TAPPS) rests with the TAPPS Executive Board.

**We hereby attest that the information presented on this form is correct as indicated by the initials present beside each item.**

Student Signature

Date

Parent Signature

Date

Parent Name

Parent Address:

**DO NOT SEND THIS FORM TO THE TAPPS OFFICE OR DISTRICT PRESIDENT UNLESS REQUESTED.  
MUST BE KEPT ON FILE AT THE MEMBER SCHOOL.**