

NBIAA SHARED ATHLETE FORM



The purpose of allowing athletes to participate on a team from another school would be to increase the number of student-athletes that participate in NBIAA sports, which would have not otherwise been available at their home schools due to insufficient numbers.

Schools may apply if they meet the following criteria:

1. Available to schools that have 1 or more athletes wanting to play a team sport, but not able to field a full team. **OR** Available to schools that are able to field a team, who have not made any athlete cuts after tryouts and require additional athletes to complete their full team roster.
2. Available for team activities only (baseball, softball, field hockey, soccer, football, cheerleading, hockey, basketball, volleyball and rugby).
3. The combined populations of the schools involved (grades 9-12) would be used to determine the classification of the team.
4. Available to schools that are located within the closest geographical proximity (determined by the NBIAA based on submitted applications).

School: _____ **Date:** _____

I am a school that has the following athlete(s) available to participate for another school:

Name	DOB	Grade	Sport	Junior / Senior		Male / Female		This sport has been offered at our school in the past.	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Explain the reasons your school is unable to offer this / these sport(s) at your own school:

I am a school that has not cut any athletes after tryouts and require additional athletes to field a team(s).

Sport	Junior / Senior		Male / Female		# of athletes at tryouts	# of athletes needed
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Explain the reasons requiring athletes from another school to fill your team roster at your own school:

We certify that the information provided is abiding by the NBIAA Shared Athlete Policy and we understand any implications that may exist regarding supervision and insurance.

Athletic Director's Name: _____ **Signature:** _____
Principal's Name: _____ **Signature:** _____