

## HOME SCHOOL ELIGIBILITY REPORT

This form must be submitted to and approved by the state office on each individual student by the school prior to home school student trying out for a member school team.

\_\_\_\_\_  
(Name of School)

\_\_\_\_\_  
(Name of Sport)

Student's Name \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Year Entered 9th Grade: \_\_\_\_\_

1. Is the student enrolled in a home school study program that satisfies all requirements of Tenn. Code Ann. § 49-5-3050(b)? \_\_\_\_\_ yes \_\_\_\_\_ no
2. Was the student registered with the local Director of Schools or Head of School (if private school) as an "Independent Home School Student" prior to August 1 of the current school year?  
\_\_\_\_\_ yes \_\_\_\_\_ no
3. Was the student registered with the school principal by August 15 of the current school year?  
\_\_\_\_\_ yes \_\_\_\_\_ no
4. Does the student and his/her parents(s) or guardian(s) have a legal residence within the school district or a 20-mile radius of the private school at which they are trying out?  
\_\_\_\_\_ yes \_\_\_\_\_ no
5. Is the student enrolled in a curriculum that has been approved by the parent and Director of Schools (public) or Head of School (private)?  
\_\_\_\_\_ yes \_\_\_\_\_ no
6. Does the student's course of study include a minimum of five (5) academic courses?  
\_\_\_\_\_ yes \_\_\_\_\_ no  
  
If not, please include a detailed report of the alternative academic plan approved by the Director Schools or Head of School and parents.
7. Has the public or independent school developed a plan to monitor the student's academic progress and submit it to the state office prior to the start of each semester?  
\_\_\_\_\_ yes \_\_\_\_\_ no

Please list the courses the student is currently approved to take which would count toward graduation if he/she was enrolled in your school:

- 1.
- 2.
- 3.
- 4.
- 5.

8. Did the student earn five or more credits the previous school year based on the LEA/private school's monitoring plan? \_\_\_\_\_ yes \_\_\_\_\_ no

9. Does the student's parent(s) or guardian(s) have proof of basic primary medical insurance coverage and liability insurance coverage which names TSSAA as an insured party?  
\_\_\_\_\_ yes \_\_\_\_\_ no

*If the parent cannot provide proof of basic liability insurance naming TSSAA as an additional insured, the attached Indemnity Agreement must be completed and submitted to the state office.*

10. What is the amount of participation fee being charged by the LEA or private school where tuition must be charged in order for the student to participate? \_\_\_\_\_

11. Does the student meet all other TSSAA eligibility requirements (examples: age, semester, repeating, transfer, physical examination, etc.)?  
\_\_\_\_\_ yes \_\_\_\_\_ no

12. Does the student have an athletic record at a TSSAA member school or other state association member school in the past twelve (12) months?  
\_\_\_\_\_ yes \_\_\_\_\_ no

If so, where and in what sport(s)? \_\_\_\_\_

13. Was the student enrolled and in regular attendance in home school the past 12 months?  
\_\_\_\_\_ yes \_\_\_\_\_ no

If not, please explain. \_\_\_\_\_

14. Is the student enrolled and taking courses in an umbrella program (non-public school)?  
\_\_\_\_\_ yes \_\_\_\_\_ no

By signing this form, I verify that the above information is correct and has been thoroughly reviewed.

Principal Name (Print) \_\_\_\_\_ Date \_\_\_\_\_

Signature of Principal \_\_\_\_\_ Date \_\_\_\_\_

Director/Head of School (Print) \_\_\_\_\_ Date \_\_\_\_\_

Signature of Director/Head of School \_\_\_\_\_ Date \_\_\_\_\_

## Indemnity Agreement

WHEREAS, the undersigned Indemnitors have been unable to procure liability insurance naming the TSSAA as an insured party pursuant to Article II, Section 25, of the TSSAA Bylaws; and

WHEREAS, the TSSAA has agreed to accept this Indemnity Agreement in lieu of said liability insurance for purposes of Article II, Section 25, of the TSSAA Bylaws;

In consideration of the foregoing, the Indemnitors jointly and severally agree to indemnify and save harmless the TSSAA (including its officers, agents, employees, successors and assigns) from any claim, action, liability, suit, damage, or loss, including attorneys' fees and reasonable costs incurred in defending the same, arising from any acts or omissions of (Student's name) \_\_\_\_\_ while he/she is participating in interscholastic athletics (including contests, practices, and related activities) pursuant to Article II, Section 25, of the TSSAA Bylaws (the "Home School Rule").

If any claim covered by this Agreement is asserted, the TSSAA shall provide the Indemnitors with notice of the claim in writing. Thereafter, the Indemnitors shall at their own expense defend, protect and save harmless the TSSAA against said claim or any loss or liability resulting therefrom. Should the Indemnitors fail to so defend and / or indemnify and save harmless, then, in such case, the TSSAA shall have full rights to defend, pay or settle said claim on its own behalf without notice to the Indemnitors, who shall reimburse the TSSAA for all fees, costs, and payments made or agreed to be made to discharge said claim.

The Indemnitors agree to pay all reasonable attorneys' fees incurred by the TSSAA in enforcement of this Agreement.

This agreement shall be unlimited as to amount or duration, and it shall be binding upon and inure to the benefit of the parties, their successors, assigns and personal agents and representatives.

Signed this \_\_\_\_ day of \_\_\_\_\_, 2018

\_\_\_\_\_  
Indemnitor (Parent or Legal Guardian)

\_\_\_\_\_  
Indemnitor (Parent or Legal Guardian)