

# 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 meet one of the following:
  - a. The school has athletes wanting to play a team sport, but not able to field a full team.
  - b. The school is able to field a team and has not made any athlete cuts after tryouts and require additional athletes to complete their full team roster. Athlete additions no more than 20% of a typical roster size will be permitted.
2. Available for team activities only (baseball, softball, field hockey, soccer, football, cheerleading, hockey, basketball, volleyball and rugby).
3. Available to schools that are located within the closest geographical proximity (determined by the NBIAA based on submitted applications).
4. Applications must be received 5 days prior to the player's list deadline.
5. Extenuating circumstances will be reviewed on a case by case basis.

**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.	
						Yes	No
						Yes	No
						Yes	No
						Yes	No
						Yes	No
						Yes	No
						Yes	No

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

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:** \_\_\_\_\_