



ADMISSIONS APPLICATION

STUDENT INFORMATION

School Year Applying For: _____

Type of Program (circle one): High School

Postgraduate

If Postgraduate (circle all that apply) Academic

Athletic

ESL

Program of Interest: Sports Communication

Sports Management

Sports Marketing

Sports Medicine

Sports Nutrition

Athletic Program (if applicable): Baseball

Basketball

Competitive Cheerleading

E-Sports

Soccer

Softball

Track

Volleyball

First Name: _____ Last Name: _____ Middle Name: _____

Date of Birth: (mm/dd/yyyy) _____ Place of Birth: _____ Age: _____

Gender: F / M

Are you a citizen of the United States? Y / N

Shoe Size: _____

T-shirt Size: S / M / L / XL / 2XL / 3XL

Current Grade Level: _____

Grade Level your child will be in next school year: _____

PARENT/GUARDIAN INFORMATION

Mother's Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

City: _____ State: _____ Zip: _____ Cell Phone: _____

Email address: _____

Occupation: _____ Employer: _____

Father's Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

City: _____ State: _____ Zip: _____ Cell Phone: _____

Email address: _____

Occupation: _____ Employer: _____

Please notify the office immediately if any of your contact information changes.

Name of custodial parent/guardian: _____

The above applicant lives with: _____

Who should receive financial statements? _____

Are the applicant's parents/guardians divorced or separated? Y / N

What type of custody order did the court issue: Sole Joint Shared/Split

Stepfather's Name: _____ Work Phone: _____

Email address: _____ Cell Phone: _____

Stepmother's Name: _____ Work Phone: _____

Email address: _____ Cell Phone: _____

MEDICAL INFORMATION

My child is currently being treated for the following medical conditions: _____

My child has allergies? Y / N If yes, please list: _____

Medications	For what conditions?	Dosage	Frequency	Date Started

My child takes medications during the school day: Y / N If yes, please list: _____

Please circle if your family has a history of: Diabetes High Blood Pressure Heart Attack/Heart Disease
Tuberculosis Blood Clots Stroke Epilepsy/Seizure Alzheimer's
Cancer Mental Illness Family History Unknown

Are there other major conditions in your family? _____

Have you been tested for COVID-19 within the last three months: Y / N If yes, when: _____

MEDICAL INSURANCE INFORMATION

Insurance Provider: _____

Address: _____ Cell Phone: _____

City: _____ State: _____ Zip: _____ Fax: _____

Insured Name: _____ Social Security Number/Passport Number: _____

Policy #: _____ Group #: _____

PERMISSION AND EMERGENCY INFORMATION

Besides parents/guardians, the following individuals have permission to pick up my child and may be notified in case of an emergency:

Name: _____ Relationship: _____

Phone: _____

Name: _____ Relationship: _____

Phone: _____

In case of an emergency, I give permission for GAPA to seek, authorize, and consent to any medical treatment or care necessary for my child. This authorization, hereby granted to GAPA, shall continue in effect until such time as I make direct contact with the treating doctor. This authorization in no way obliges GAPA or its authorized representatives, to pay or be liable for any costs or expenses incurred in the care of or treatment of my child; and I agree to pay all costs and expenses incurred for the treatment and case of my child.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date: _____

ADDITIONAL CONTACTS

My child is known to the following professionals (physician, psychologist, psychiatrist, social worker):

Name: _____ Title: _____

Phone: _____ Email: _____

Name: _____ Title: _____

Phone: _____ Email: _____

SCHOOL INFORMATION

Previous School & year(s) attended:

Current School: _____ Grade & Year attended: _____

Previous School: _____ Grade & Year attended: _____

Current GPA: _____

After high school my child is interested in: 4-year University Community College Vocational School Working

The major my child is interested in is: _____

GAPA maintains the right to all student-generated work produced, created, or developed at GAPA by my child. It also maintains the right to use my child's image in stills, video tape recordings or other media, such as the internet and/or yearbook, in such a way as it deems fit for now or in the future for publicity or other purposes. My child's name may be used in conjunction with GAPA events, publicity, and other ways as it deems fit now or in the future for publicity or other purposes. GAPA has my permission to use photos and student-generated work.

In addition, consequent to any tuition payment made to GAPA, I understand and agree I will not receive a refund.

My signature below indicates that I have read and agree to the above and that all information on this application is complete and factually presented.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date: _____

RELEASE AND WAIVER OF LIABILITY

I understand that this release and waiver of liability governs all rights and liabilities relating in any way to the receipt by me from Gaffney Athletic Preparatory Academy (GAPA) and/or its agents of services, as that term is defined below. I have read, understand, and agree to be bound by the terms below.

DEFINITIONS

Services shall mean any and all manner of goods and services offered by GAPA or any other released party to you. These services, which may take the form of training, treatment, consulting, and the like, include but are not limited to: evaluations; rehabilitation; reconditioning; performance planning; performance training (including strength and conditioning training, speed and quickness training, plyometric training, and the like); recovery and regeneration training; sports nutrition consultation; supplement and nutrition provision; any consultation related to any item in this list; injury reduction and treatment; technical and tactical instruction; or performance enhancement.

Training shall mean any act, omission, or other activity required of you or carried out by you in relation to the services.

Released parties shall mean all GAPA staff and employees and all related governmental entities, along with, in relation to the previously listed respective released parties, all of their officers, directors, shareholders, insurers, partners, employees, employers, agents, successors, contractors, assigns, affiliates, parent corporations, affiliated corporations, and subsidiary corporations.

TERMS AND PROVISIONS

The risk of injury from participation in sporting events and other strenuous physical activity, including training is significant, including the potential for permanent paralysis, other serious injury, and/or death. **I knowingly and freely assume all such risks** of participation in training, including, without limitation, risk arising from or relating in any way to the condition of the facilities, equipment, fields, and surrounding premises, the actions of persons other than myself, my own actions, and travel to and from the training. **I understand that the released parties make no warranties** and shall in no event be responsible or liable for the defective or dangerous condition of the facilities, equipment, fields, and surrounding premises, except to the extent such condition(s) result(s) solely from the gross negligence or intentional acts of a released party.

I agree that the released parties shall not be liable for any claims, demands, injuries, damages, actions, or causes of action that arise in whole or in part due to the simple negligence of the released parties, or any of them. **Furthermore, I forever release and discharge, and agree to indemnify and hold harmless**, the released parties from and in relation to all claims, demands, injuries, damages, actions, or causes of action that arise from or relate in any way to my participation in the training, other than such claims, demands, etc. that arise solely from the gross negligence or intentional acts of a released party. **I further warrant and certify** that I have no health conditions or defects that would prevent me from participating safely in the training, that I have taken every reasonable act necessary to make this warranty and certification in relation to such participation, and that I am otherwise sufficiently fit and healthy to so participate.

I warrant and understand that it is my sole and personal responsibility to obtain insurance to compensate for any and all injuries which might arise from my participation in the training, and furthermore agree to look solely to such insurance to cover losses resulting from any injuries, regardless of fault, and waive all rights of subrogation on behalf of any and all released parties which may now or ever exist as a result of such insurance.

In any event, the liability of a released party to me for any reason and upon any cause of action shall not exceed the amount actually paid by me to GAPA. During the 12 months immediately preceding my assertion of such claim. This limitation applies to all causes of action in the aggregate, including, without limitation to equity, breach of contract, breach of warranty, negligence, strict liability, misrepresentations, and other torts.

If any paragraph, subparagraph, sentence, or clause of this agreement shall be adjudged illegal, invalid, or unenforceable, the balance of the agreement shall remain in full force and effect. This agreement shall be construed and interpreted under Tennessee State Law. Any lawsuit or claim arising from or relating in any way to training, services, and/or this agreement shall be brought, if at all, in the United States and Tennessee.

I have read this agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily. I acknowledge that I have received valuable consideration in relation

to my execution of this agreement, which I understand to be a prerequisite to my receipt of services.

Finally, I understand that this agreement shall be of full force and effect as to any and all services I receive from the released parties, without regard to the date or timing of such service.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date: _____

STUDENT/PARENT AGREEMENT

I understand this application for admission will not be considered complete until my **official** school transcript, \$200 application fee, IEP/Educational Evaluation (if applicable), and official test scores (if applicable) have been received by GAPA. I acknowledge that the information presented on this application is complete, correct, and truthful, and I am willing to abide by the rules and regulations set forth by GAPA. If anything is found to be untrue, GAPA reserves the right to revoke any offer of admission and, subsequently, remove the student from the GAPA without refund. Applicants of GAPA will be considered without regard to race, creed, gender, sexual preference or orientation, disability, or national origin.

Applicant Name (print): _____

Signature of Applicant: _____

Date: _____

Parent/Guardian Name (print): _____

Signature of Parent/Guardian: _____

Date: _____

The \$200 non-refundable application fee must be paid by check, credit card, money order, or PayPal. Please make checks payable to Gaffney Athletic Preparatory Academy.

Check _____ Credit Card _____ Money Order _____ PayPal _____ Cash App (\$GAPAcademy) _____