

WISCONSIN INTERSCHOLASTIC ATHLETIC ASSOCIATION

2010-2011 APPLICATION FOR ELIGIBILITY ON BEHALF OF FOREIGN EXCHANGE STUDENT

Please do not give this form to the student to complete, but rather sit down with the student and obtain the necessary information.

School Name \_\_\_\_\_ City \_\_\_\_\_

WIAA rules and regulations that apply to domestic students apply to foreign students, however, the residency requirement may be waived according to the following provision: Rules of Eligibility - Article II, Section 3 -- "The residency requirement may be waived for one year, upon request, for students involved in foreign exchange programs that have received a 'Full' listing status by CSIET. For students who are 'directly placed' through an exchange program, students who are placed through an exchange program not affiliated with CSIET, or students who will not be in attendance for at least one complete semester from start to finish, eligibility will be limited to nonvarsity competition." There is no provision for more than one year of eligibility for an exchange student.

NEW: All foreign students must have a physical conducted in the United States prior to participating in practice or competition at a member school.

In addition, foreign exchange students who transfer from one school to another should be regarded as ineligible for varsity competition, the same as any other transfer student (see Rules of Eligibility, Article II, Sections 4 and 5).

1. Name of Student (Please Print) \_\_\_\_\_ Date of Birth \_\_\_\_\_

2. Name of Home Country \_\_\_\_\_ Female or Male (please circle) \_\_\_\_\_ Grade (circle): 9 10 11 12

3. What type of VISA does this student have? \_\_\_\_\_ J-1 \_\_\_\_\_ B-2 \_\_\_\_\_ F-1

4. Anticipated Sport(s) \_\_\_\_\_

5. Did student participate in sports in home country? If so, what sport(s) \_\_\_\_\_ Which school years \_\_\_\_\_

6. Local/Area Representative \_\_\_\_\_ Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ Phone number \_\_\_\_\_

7. Name of exchange program (if Rotary, be specific) \_\_\_\_\_

If the program is not CSIET listed or if a formal program is not involved, answer No. 8. CSIET full-approved programs are updated annually, listed on page 2. Please provide a written explanation from the program headquarters, as to why they are not CSIET approved.

8. What are the circumstances that brought this student to your school? \_\_\_\_\_

9. Was there a pre-existing relationship/acquaintance between the student, his/her parents and their U.S. host family? \_\_\_ Yes \_\_\_ No If yes, please attach additional documentation/explanation.

10. Length of enrollment in your school: Starting date \_\_\_\_\_ Ending date \_\_\_\_\_

11. \_\_\_ Yes \_\_\_ No Did student attend another school in this country prior to enrolling in your school? If yes, explain. \_\_\_\_\_

12. \_\_\_ Yes \_\_\_ No Does host family presently have a child involved in athletics in your school?

13. \_\_\_ Yes \_\_\_ No Is there any evidence of recruiting or contact by school personnel or people in your community in seeking enrollment of student in your school? (I.e., contact between local representative, coaches and/or any other athletic interests.)

The foreign exchange program must assign students to host families by a method that ensures that no student, school or other interested party may influence the assignment for athletic purposes. The foreign exchange student may not be selected or placed on any basis related to his/her athletic interests or abilities.

I certify this to be the first request for eligibility for this student at our school, and all information contained herein is correct and accurate to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_ District Administrator, Principal, or Athletic Director (circle one)

ACTION OF WIAA EXECUTIVE OFFICE

Eligibility for the above-named student has been --

[ ] Approved - Unrestricted - from standpoint of WIAA residence and attendance requirements for period indicated (No. 10).

[ ] Approved - Nonvarsity Only - from standpoint of WIAA residence and attendance requirements for period indicated (No. 10), because \_\_\_\_\_

[ ] Denied because \_\_\_\_\_

\_\_\_\_\_  
Deputy Director Date \_\_\_\_\_

(Executive Officer)

\*Fax only this page to WIAA for eligibility purposes\*

# Advisory List – 2010-2011

The following is the list of programs approved by the Council on Standards for International Educational Travel (CSIET), of which the WIAA is a member, with 'Full' listing status for 2010-11.

1. American Foundation for International Cultural Exchange (AFICE)
2. AFS-USA, Inc.
3. American Academic & Cultural Exchange, Inc.
4. American Councils for Int'l Education: ACTR/ACCELS
5. American Cultural Exchange Service
6. AIFS Foundation (AIFS-AYA)
7. American Intercultural Student Exchange
8. American Secondary Schools for International Students and Teachers (ASSIST)
9. Amicus International Student Exchange
10. ASSE International Student Exchange Programs
11. Association for Teenage Diplomats (ATAD)
12. AYUSA International
13. Azumano International
14. Center for Cultural Interchange (CCI)
15. Council for Educational Travel, USA
16. Council on Intern. Educational Exch. (CIEE)
17. Cultural Academic Student Exchange (CASE)
18. Cultural Homestay International (CHI)
19. Education Travel and Culture, Inc. (ETC)
20. Educational and Cultural Interactions
21. Educational Resource Development Trust (ERDT/SHARE!)
22. EF Foundation for Foreign Study
23. Face the World Foundation
24. F.L.A.G., Inc.
25. Forte International Exchange Association
26. Foundation for Academic Cultural Exch. (FACE)
27. Foundation for Worldwide Int'l Student Exch. (WISE)
28. 4-H International Exchange Programs
29. Global Insights
30. International Cultural Exchange Services
31. International Experience USA (iE-USA)
32. International Fellowship, Inc.
33. International Student Exchange, Inc. (ISE)
34. The Laurasian Institution
35. Nacel Open Door
36. NorthWest Student Exchange (NWSE)
37. NW Services, Inc. PEACE Program
38. Organization for Cultural Exchange Among Nations (OCEAN)
39. Pacific Intercultural Exchange (PIE)
40. PAX – Program of Academic Exchange
41. Peace4Kids, Inc. – Promoting Educational and Cultural Enrichment
42. Quest International
43. Reflections International, Inc.
44. Rotary International Youth Exchange Programs
  - a. Central States
  - b. Districts 5950/5960
  - c. District 7150
  - d. Eastern States Rotary Exchange (ESSEX)
  - e. Florida Inc.
  - f. Ohio-Erie
  - g. South Central
  - h. Yes/Scanex
45. STS Foundation
46. Student American International
47. Terra Lingua USA
48. The Traveling School
49. United Studies Student Exchange (USSE)
50. World Experience
51. World Heritage
52. World Link
53. Youth For Understanding USA

## Parental Permission for Foreign Exchange Student Athletic Participation

(Optional – For school internal use only)

This form is provided to WIAA member schools to use at their discretion. If completed, the form should be retained in the school's eligibility files. Only page 1 of this document should be sent to WIAA for eligibility verification.

Student's Name: \_\_\_\_\_ School: \_\_\_\_\_

**To Biological Parents:** Your son/daughter has expressed interest in participating in interscholastic athletics at our school. If you consent, we request that you review the following information, sign and fax back to the number listed below.

1. I hereby give my permission for the above named student to practice and compete and represent the above named school in interscholastic athletics except those restricted on this form. (Below)
2. I further grant permission for any medical records pertaining to the health of my son/daughter be made available as necessary to the proper school district personnel and appropriate health care providers, including emergency medical personnel.
3. All foreign students must have a physical conducted in the United States prior to participating in practice or competition at a member school.
4. It is recommended that information regarding your child's allergies and prescribed medications also be made available to the school.
5. We understand that participation in co-curricular activities provided by the School District (identified above) may result in injury, some of which could be serious including; permanent paraplegia and death. Participants hold the responsibility to perform only approved, safe techniques in practices and games.
6. We authorize consent for communication between the athlete, parents, School District representative or appropriate healthcare providers to discuss any pertinent information in regards to current or previous medical conditions.
7. We further authorize the School District representative or appropriate health care providers to take any appropriate, necessary action in the case of an emergency. We further authorize transportation by Emergency Medical Service Personnel to an Emergency Management Facility (Hospital) and the EMF to treat the condition. I also give permission for appropriate health care providers to perform any necessary evaluative procedures and follow up treatment of injuries sustained through participation in athletics.

Having been cautioned and warned, we fully understand and agree to the participation of our son/daughter in co-curricular activities under the conditions described on this form. Furthermore, we release the School District, the members of the School Board, and their respective employees and agents from any liability and claims for injury or illness that may occur during participation in any practice and/or event which is in any way related to the co-curricular activity. We further understand that the School District does not provide health insurance on behalf of participants in such co-curricular activities, and that the responsibility for medical coverage for any injury or illness sustained as a result of participation in such co-curricular activities does not lie with the District. We understand that this release will apply to myself, and personal representatives, heirs, and assigns and will remain in effect for 1 year from the date below.

Name of Private Insurance Carrier: \_\_\_\_\_  
Policy number(s) and Address: \_\_\_\_\_

Physician: The above named student has been examined and there are no apparent contradictions to participating in interscholastic activities except as follows:

Sports or activities in which this student cannot participate are (if none, write NONE)

\_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Return signed form to the following Attention: _____ (Athletic Director, Principal or other) Fax number: _____ E-mail: _____
--