

**GEORGIA INDEPENDENT SCHOOL ASSOCIATION**

**REQUEST TO PARTICIPATE IN COMPETITION  
WITH NON-GISA SCHOOL**

**NOTICE: GISA member schools are guaranteed a complete schedule with other GISA member schools PRIOR to scheduling and approval of competition with Non-GISA schools.** Therefore, request for approval to play a Non-GISA school may be placed on **hold** until all member schools have complete schedules (in both regular season and tournaments).

The following information is required for liability exposure of the athletes, coaches, school, and GISA. This form must be completed and submitted with the school's schedule, if requesting to participate in competition with a Non-GISA school.

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GISA School Name: \_\_\_\_\_

Check Sport(s):     Baseball             Football             Softball             Tennis  
                          Basketball         Golf                 Spirit               Volleyball  
                          Cross Co.         Soccer             Swimming         Wrestling

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**Non-GISA School you are requesting to compete against:** \_\_\_\_\_

Address: \_\_\_\_\_

State or League Affiliation, if any: \_\_\_\_\_

**Amount of Non-GISA School's Liability Coverage:** \$ \_\_\_\_\_  
(This information MUST be provided for approval of schedule)

Have you played this school in the past? \_\_\_\_\_ If YES, last time played \_\_\_\_\_

Has anyone in GISA played this school previously?    YES \_\_\_\_\_    NO \_\_\_\_\_

If YES, who? \_\_\_\_\_

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**REMINDER: This request will not be considered until all other GISA schools have submitted completed schedules.**

**Signatures of GISA School making request:**

Headmaster \_\_\_\_\_ Date \_\_\_\_\_

Athletic Director \_\_\_\_\_ Date \_\_\_\_\_