## 2018-19 Athletic Participation Monitoring Form

Component 1: NOTE: OCR defines a participant as anyone who (1) participated in competition or (2) participated with the team and was eligible for competition but did not play. Participation is determined as of the date of the first competitive event for the sport. For varsity teams, enter the number of athletes. For team, enter the number of teams, enter the number of athletes and, if there is more than one team, enter the number of teams.

School: NHS	Number of Participants				Number of Participants				
Varsity Teams	Males	Females	Total	Non-Varsity Teams	#	Males	#	Females	Tota
Baseball	17	0	17	Baseball	2	26	0		26
Basketball	16	15	31	Basketball	2	31	1		44
Cross Country	20	23	43	Cross Country	0	0	0	0	0
Flag Football/ Football	57	11	68	Flag Football/ Football	2	81	1	13	94
Golf	9	10	19	Golf	0	0	0	0	0
Soccer	21	19	40	Soccer	1	20	2	35	55
Softball	0	15	15	Softball	0	0	2	19	19
Swimming/Diving	13	16	29	Swimming/Diving	0	0	0	0	0
Tennis	7	8	15	Tennis	0	0	0	0	0
Track and Field	30	42	72	Track and Field	1	28	1	33	61
Volleyball	0	15	15	Volleyball	0	0	2	25	25
Wrestling	0	0	0	Wrestling	0	0	0	0	0
Weightlifting	25	43	68	Weightlifting	0	0	1	42	42
							_		
Total Varsity Participants	215	217	432	Total JV Participants	186	5	180		200
% of Varsity Participants	49.8%	50.2%		% of JV Participants	50.8% 49.2%			366  100%	
Total Student Enrollment by Gender 2018-19	1186	1127	2313	Total Student Enrollment by Gender 2018-19	1186			2313	
6 Student Enrollment by Gender 2018-19	51.3%	48.7%	100%	% Student Enrollment by Gender 2018-19	51.	51.3% 48.7% 100		100%	

This form must be submitted for each school. Be sure to fill in the enrollment data. The total percentage of male and female student enrollment should equal 100%.

## PART IV GENDER EQUITY IN ATHLETICS

## **Corrective Action Plan**

District: Sante Rose										
School Name:	Navarre High	_								
(1) Gender Equity in Athletics Component	(2) Planned Actions To Address Deficiencies Found in Athletics	(3) Responsible Person(s) and Contact Information	(4) Timelines							
We hereby verify that the above corrective action plan will be implemented to bring the institution into compliance within the time frame indicated in the Plan.										
The M	Lak	3/8/2019								
Si	gnature, Principal	Date  10 10 10 10 10 10 10 10 10 10 10 10 10 1								
Signature, Superin	tendent	Date								