

STUDENT ATHLETE INFORMATION FORM

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For students coming from schools without a program.
DO NOT SUBMIT TO the CHSAA-KEEP ON FILE AT YOUR SCHOOL

Information below to be filled out by Student Athlete:

Student Athlete: _____ Sex: _____ Age: _____ Grade: _____

Parent/Guardian: _____ Contact Number: _____

Parent/Guardian: _____ Contact Number: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Does student athlete reside with parents? Yes NO

Is the address provided above within the school district boundaries for the school offering the activity? Yes No

If NO, what school district does student reside? _____

Name of School Attending: _____ Date of Enrollment: _____

School Address: _____ City: _____ State: _____ Zip: _____

LIST SPORTS PARTICIPATING IN SCHOOL OTHER THAN SCHOOL OF ATTENDENCE:

FALL: _____

Winter: _____

Spring: _____

Year-Round: _____

Does the school you attend provide the sports checked above? Yes No

Have you practiced or participated in any sport at another school? Yes No If Yes name school _____

Attending School Administrator: _____ Contact Number: _____

Signature of Administrator: _____ Email: _____

Please provide eligibility report for the athlete in accordance with activity schools instructions.

I hereby certify that the information provided on this form is complete, truthful and accurate. I understand that my failure to provide complete, accurate and truthful information on this application will be grounds for denial of participation in the athletic program.

Print Student Name: _____ Printed Parent/Guardian Name: _____

Student Signature: _____ Parent/Gradian Signature: _____

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