

# JOHN A. ROWLAND HIGH SCHOOL ATHLETIC ELIGIBILITY APPLICATION

Falsification of any portion of this document may result in forfeiture of individual and team eligibility and loss of record. All items must be completed before the application will be accepted for consideration. You must use your given name.

NAME \_\_\_\_\_ DATE \_\_\_\_\_  
Last First Middle

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

GRADE \_\_\_\_\_

	School (s) Attended	Sport (s) Level Played	Year
9 <sup>th</sup> Grade	_____	_____	_____
10 <sup>th</sup> Grade	_____	_____	_____
11 <sup>th</sup> Grade	_____	_____	_____
12 <sup>th</sup> Grade	_____	_____	_____

I reside with:

Both parents \_\_\_\_\_ My Mother \_\_\_\_\_ My father \_\_\_\_\_ A relative \_\_\_\_\_ A Friend \_\_\_\_\_

Other \_\_\_\_\_ Myself (age 18) \_\_\_\_\_ A court appointed guardian \_\_\_\_\_

My residence is within this school's attending boundaries: Yes \_\_\_\_\_ No \_\_\_\_\_

If no, please explain \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

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

*This form must be completed and returned before an athlete will be permitted to try **out** or **participate** in any **practice** or in any **interscholastic athletic event**.*