



BLACKSTONE VALLEY YOUTH FOOTBALL AND CHEERLEADING 2015 ACADEMIC ELIGIBILITY FORM

Association Name: _____

- Football Cheerleading

PLAYER / CHEERLEADER INFORMATION

Name: _____
First Name Middle Name Last Name

Address: _____
Street Address City, State Zip Code

Date of Birth: _____ Fall 2015 Grade: _____
mm/dd/yyyy

Name of School: _____

PARENT OR LEGAL GUARDIAN INFORMATION

Name: _____
First Name Middle Name Last Name

Preferred Phone: _____ Relationship to Participant: _____
Include area code

This form is required for all participants who have not met the academic requirement of an overall average of 70% and / or a 2.0 Grade Point Average or who are home schooled. Please check the appropriate box below and sign this form indicating that participating in the Blackstone Valley Youth Football and Cheerleading program WILL or WILL NOT benefit the participant and grants permission to participate irrespective of their current academic standing.

- Participating in youth sports in the Blackstone Valley Youth Football and Cheerleading program will benefit this child.
- Participating in youth sports in the Blackstone Valley Youth Football and Cheerleading program will **NOT** benefit this child.

Print Name of Parent / Legal Guardian: _____

Date: _____ Parent / Legal Guardian Signature: _____

OR

Print Name of School Administrator: _____

Date: _____ School Administrator Signature: _____

Name of Conference Official / Title: _____

Date: _____ Conference Official Signature: _____

PLEASE PRINT LEGIBLY