

# CAPE HENLOPEN PARTICIPATION ATHLETIC FORM

All information on this form must be filled in. Please PRINT carefully. Do not use nicknames.

Name: \_\_\_\_\_ Sport: \_\_\_\_\_

*\*\*The below address **MUST** be the legal address where you reside. It must be within the legal boundaries of the Cape Henlopen School District*

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

*\*\*Anyone living outside the Cape Henlopen School District must have been approved for the CHOICE program. Parental signature below certifies that the above named student has received approval from the Cape Henlopen School District.*

Date of Birth: \_\_\_\_\_ (Month/Day/Year)

I am now a (circle one)                      Freshman                      Sophomore                      Junior                      Senior

Did you attend the Cape district for the full year last year?    (circle one)    YES    NO

If you marked NO, was the reason due to:    TRANSFER    OR    SCHOOL CHOICE

Last school attended: \_\_\_\_\_

Has legal guardianship changed in the past year?                      YES                      NO

If YES, please provide name: \_\_\_\_\_

What sports do you plan to play at Cape?

\_\_\_\_\_

I HEREBY ATTEST THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE, AND I WILL NOTIFY THE COACHES AND SCHOOL IMMEDIATELY IF THERE IS A CHANGE.

<b>Print Name of Athlete:</b>	
<b>Athlete's Signature:</b>	<b>Date:</b>
<b>Print Name of Parent/Legal Guardian:</b>	<b>Relationship to Athlete:</b>
<b>Parent/Legal Guardian's Signature:</b>	<b>Date:</b>