

SPRING ACTIVITIES ELIGIBILITY CLEARANCE

FAMILY MAX? YES _____ NO _____ SPORT _____
(\$700.00) (Circle one) (Boys or Girls) (circle one)

Other Activity this year (Fall) _____ (Winter) _____

NAME _____ GRADE _____

ADDRESS _____

CITY/STATE/ZIP _____ PHONE _____

**** I have been hospitalized or had a major injury since your last physical?** Yes _____ NO _____

IF TRANSFER STUDENT Date entered Mounds View _____ From _____

RELEASE OF STUDENT INFORMATION: I hereby authorize the release of transcripts of subjects taken, grades received, record of attendance, health records, and rank in class as required by the Minnesota State High School League.

Students Signature _____ Date _____ **Parent/Guardian Signature** _____ Date _____

OFFICE USE ONLY	
Date of Physical _____	No. Credits _____
Fee Paid _____	Equipment Paid _____