

Mitchell School District

Hockey Participation Form

Participant Name: _____

Grade for School Year 2011-2012: _____

Date of Birth: _____

Parent/Guardian Name(s): _____

Address: _____

City: _____

Daytime Phone Number: _____

I hereby acknowledge that we have read and agree to the Academic Requirements policy in the MSHA Code of Conduct Policy as listed on the Mitchell Marlins Web Site (www.mitchellmarlins.com). I understand that in signing this document I agree to allow the Mitchell School District to release Failing List information to the MSHA. I also understand that this information is whether I am on the failing list or not and that no other information regarding my grades will be released by the Mitchell School District.

Participant Signature

Parent/Guardian Signature

____/____/____

Date: