

Home School Athletic Association
<http://www.HSAA.org>
Fall 2010 Cross Country Application

Athlete Name: _____

Fall 2010 Grade Classification: 9th 10th 11th 12th

Birth date (MM/DD/YY): _____ Age Today: _____ Sex: _____

Parents' Names: _____

Home Address: _____

City: _____ Zip: _____

Home Phone: _____

Athlete's Cell Phone: _____

Athlete's E-mail: _____

Parents' Cell Phone: _____

Parents' E-mail: _____

Co-op Attending: _____

Co-op School Days _____ Times _____

Community College Attending: _____

of Hours (Fall 2010) _____ # of Hours (Spring 2010) _____

I may have scheduled classes that do not end before 7:00 in the evening.

Yes _____ No _____ Please detail: _____

Questions:

I understand the cost to play for HSAA is approximately \$275, training shoes and spikes. Yes _____ No _____

I have read the HSAA Eligibility Requirements and I certify that I am eligible to play for HSAA. **Document is attached and signed** Yes _____ No _____

I have read the HSAA Expectation Document and I understand the expectations and am willing to comply. **Document is attached and signed.** Yes_____ No_____

I have read the HSAA Appearance Guidelines and I understand the high expectations and am willing to comply. **Document is attached and signed.** Yes_____ No_____

Signed: _____ Date: _____
Player

Signed: _____ Date: _____
Parent

If you have questions about anything on this application, please email Paul Cordell at hsaaxc@sbcglobal.net .

Additional comments:

Question to Parents:

As a parent, I am willing to help out with meet supervision, planning & administration, etc? Yes_____ No_____

Ideas or Comments:
