



Cedar Rapids Roughriders High School Hockey Association 2018-2019 Season

Player Academic Eligibility

School Certification:

I hereby acknowledge that _____ is meeting the requirements of _____ High School and is eligible to participate in extra curricular activities. The Roughrider High School Hockey Club follows your school's eligibility rules for its member's participation.

Signature

Title

Date

Parent Certification:

I, _____, the parent/guardian of _____, do hereby authorize and approve the release of this information.

Signature

Date