



Verification of Enrollment 2024-2025
Athlete Eligibility for All Level Athletes

Athlete's Questionnaire for Summer 2024, Fall 2024 and Spring 2025

Name: _____ Age as of May 30th _____

Has the athlete graduated high school or other school of equal or higher status (including successful completion of a General Education Development (GED) test)? Yes No

Expected high school graduation date for the athlete: _____

Names and types of schools the athlete plans to enroll in during the academic year starting on September 1, 2024 (please select all that apply and specify the athlete's academic classification, i.e., freshman, sophomore, junior, or senior; and whether the athlete will be receiving dual or simultaneous credit, if applicable):

Homeschool (Is the athlete also enrolled in a public or private school (excluding a homeschool organization) and, if so, how many classes does he or she plan to take: _____)

Private (name: _____); (classification: _____)

Parochial (name: _____); (classification: _____)

Public (name: _____); (classification: _____)

Charter (name: _____); (classification: _____)

College / University (name: _____); (dual credit: Yes No)
(classification, if applicable: _____)

Trade School (name: _____); (dual credit: Yes No)
(classification, if applicable: _____)

Technical Training (name: _____); (dual credit: Yes No)
(classification, if applicable: _____)

Other Organization (name: _____); (dual credit: Yes No)
(classification, if applicable: _____)

Has the athlete participated in a regular season sport, activity, event, or contest for a member of TAI AO (including Tribe Athletics) before? O Yes O No. If yes, please provide the following information:

Most recent activity: (sport / activity: _____); (date of sport / activity: _____)

Organization (e.g., Tribe Athletics): _____

Level of most recent team (please circle one): middle school high school

Total number of year(s), if any, that the athlete has participated at the middle school level: _____

Total number of year(s), if any, that the athlete has participated at the high school level: _____

Athlete's Printed Name:	Athlete's Signature:	Date:
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I hereby affirm, by my signature, that every question on this questionnaire was answered honestly and to the best of my ability. I understand that any misrepresentation of information may lead to the removal of the athlete and/or family from the organization. I also agree to provide additional information or other proof of eligibility within 10 business days, if requested, by Tribe Athletics.

Parent's Printed Name	Parent's Signature:	Date:
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Certification of Eligibility (to be signed by Tribe Athletics Athletic Director)

Athletic Director's Printed Name:	Athletic Director's Signature:	Date:
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