



CHAMPIONSHIP ENTRY & ACADEMIC RECOGNITION FORM

SPORT:

INSTITUTION:

COACH:

PLEASE TYPE NAMES IN ALPHABETICAL ORDER

	LAST NAME, FIRST NAME	HOMETOWN	PAST SEASON(S) OF COMPETITION	CLASSIFICATION	3.0 Academic Recognition Must List G.P.A (SOPH-SR. ONLY)
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PLEASE COMPLETE, RETAIN ONE COPY, AND SUBMIT THE FORM BY THE PERTINENT CHAMPIONSHIP DEADLINE INTO DROPBOX.

I hereby certify that the athletes listed above are eligible for participation in the Championship, and in consideration of your acceptance of this entry, we waiver and release the above contestants all rights for damages against the Mid-Eastern Athletic Conference.

FORM SUBMITTED BY:

DATE: