**BOYS HIGH SCHOOL RUGBY NATIONAL CHAMPIONSHIP PLAYER ELLIGIBILITY FORM**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Student Name | Student Signature | Student ID # | Date of Birth | USA Rugby CIPP # | Date first enrolled in 9th grade | Date first enrolled in current school | Is student enrolled full time (Y/N) |
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# Please strike through any blank rows.

# THE REGISTRAR MUST COMPLETE AND SIGN THIS FORM,

# AND AFFIX THE HIGH SCHOOL SEAL AS VERIFICATION OF PLAYERS’ ELIGIBLITY.

\*\*By signing this form, the school is merely verifying the status of the students listed above. The school is not endorsing support of the rugby club\*\*

*I verify that the above named students meet the eligibility requirements as described, and that this form and all copies were completed* ***PLACE SCHOOL SEAL HERE***

*by the high school (with the exception of name, signature, student ID#, and USA Rugby CIPP#).*

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Registrar’s Name Signature Phone # Date