

**REQUEST: INTENT TO PLAY SPORTS  
IN THE MARSHALL COUNTY SCHOOL SYSTEM**

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

Parent(s)/Guardian(s) Name: \_\_\_\_\_

Home School Affiliation: \_\_\_\_\_

Marshall County School (zoned): \_\_\_\_\_

Sport: \_\_\_\_\_

Sport: \_\_\_\_\_

Sport: \_\_\_\_\_

\_\_\_\_\_

**PLEASE ATTACH:**

Proof of homeschool registration \_\_\_\_\_ Yes \_\_\_\_\_ No

Proof of medical and liability insurance \_\_\_\_\_ Yes \_\_\_\_\_ No

Transcripts \_\_\_\_\_ Yes \_\_\_\_\_ No

Proof of residency \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Central Office:

Approved: \_\_\_\_\_ Yes \_\_\_\_\_ No