



# USA HOCKEY SOUTHEASTERN DISTRICT

## CERTIFICATION OF HIGH SCHOOL ENROLLMENT ELIGIBILITY FOR PARTICIPATION IN THE USA HOCKEY NATIONAL CHAMPIONSHIP TOURNAMENT

### Section 1: To be completed by the student:

Student's Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Date of Birth \_\_\_\_\_

Current High School \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

Currently Enrolled  Yes  No *(check one)*  
Academic Year  FR. (9)  SO. (10)  JR. (11)  SR. (12) *(check one)*  
**Seniors Only:**  
Graduation Date \_\_\_\_\_

### Section 2: To be completed by the school:

I certify the above named student is currently enrolled at the above named institution for the current school year which began on \_\_\_\_/\_\_\_\_/\_\_\_\_ and ends on \_\_\_\_/\_\_\_\_/\_\_\_\_.

I certify the above named student attends classes on a full-time basis and has not exceeded eight (8) consecutive semesters starting with the student's freshman year.

\_\_\_\_\_  
Printed Name of Authorized School Official

\_\_\_\_\_  
Signature of Authorized School Official

\_\_\_\_\_  
Title of Authorized School Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Official's Telephone

\_\_\_\_\_  
School Official's Email Address