



IIAAG SCHOOL AFFILIATION FORM
School Year 2020/21

Name of Student: _____ Grade: _____

DOB: _____

Student's Current School: _____

To Affiliate With: _____
(Name of school and Sport)

Letter from affiliating school's principal: _____
(On file at school)

Parent Consent/Physical Form: _____
(Verified by Athletic Director/On file at school)

GPA: _____
(Verified by Athletic Director/On file at school)

Reason for Affiliation: _____

Athletic Director – Print

Athletic Director – Sign

Date

School Principal– Print

Principal School– Sign

Date

For IIAAG use only

- Affiliation Accepted

- Affiliation Denied (please state reason)