

Alpharetta Junior Raiders Feeder Football

GMSAA Residency Certification Form

Player's Full Name: _____

Date of Birth: _____ Grade Level: _____

Middle School Attending: _____

Address of Residency: _____

As parent or legal guardian of the above-named player, I certify that the information provided above is true and correct and that the player meets the residency requirements of the GMSAA because:

- the player resides in the attendance zone of Alpharetta High School, according to the Attendance Zone Map issued by Fulton County Schools which is posted as a link at www.fcboe.org

- the player can participate in the Alpharetta Junior Raiders Feeder Football program based on an exemption that has been disclosed to Alpharetta Junior Raiders Feeder Football, Inc. and the GMSAA.

Signature of Parent or Legal Guardian

Name of Parent or Legal Guardian

Date of Signature