

# Scholastic Sportsmanship Foundation



## MEMBERSHIP APPLICATION

This information is collected so that SSF can provide better services for members and member schools. SSF pledges to protect the confidentiality of this information. Please type or print clearly in ink and complete all sections.

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ Email address: \_\_\_\_\_

High school \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_

Sport(s) you participate in \_\_\_\_\_

Male  Female

Your Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Expected Graduation Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Cumulative GPA: \_\_\_\_\_

### SSF Athlete's Code of Honor...

*I pledge to maintain the highest standard of personal conduct on and off the field of play.*

*I will strive for excellence in my education and refuse to engage in or condone activities for personal gain at the expense of my team or school.*

*I will give my all to achieve victory with honor and will respect and obey the rules of the game.*

*I will support my team, coaches, and school and uphold my obligations as a citizen of my community and of my country.*

**SSF**  
"Champions by Choice"

*I have made a personal commitment to honor on the field of play, excellence in the classroom, and responsibility to school and community.*

By completing this form I certify that I have met all SSF membership eligibility requirements.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

"Strength and Honor"

Return completed form with a personal check or money order in the amount of \$30.00 plus \$7.00 processing and handling fee to:

SSF  
1021 Airport Road  
Flat Rock, NC 28731

Membership privileges will be subject to suspension for returned checks. A \$25.00 fee will be applied for reinstatement.

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*SSF is committed to the elimination of discrimination based upon age, gender, race, class, economic status, ethnic background, physical ability, and religious or cultural considerations.*  
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