Minnesota Christian Athletic Conference Homeschool Verification Form

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This verification form will be annually.	e kept on file with the MCAC scl	hool in which the student is participating and must be renewed
School Year	MCAC Member Sch	100l
Student-athlete name		Grade level
qualifications set forth by th		y to participate with a member MCAC school if they meet the bility guidelines prescribed by the league. All MCAC qualifications:
a) The student is reg	gistered as a home school stud	ent with the district/state in which they live.
b) The student's offi parent/guardian ass		parent/guardian or by the MCAC member school AND the
d) In addition, one o	r more of the following is true:	
1. Taught at	home by a parent or legal guard	dian.
	home or someone else's home l parent, if it is done under the i	, by a parent, a grandparent, older sibling, or another nstruction of the parent.
3. Taught at	a central location for a particul	ar subject by a homeschool parent.
4. Participat	ion in home school co-ops are	permissible. A co-op is described as a group of
homeschoo students.	l parents gathering in a central	location and each parent teaches a different subject to all the
		pate in any league activity if they are enrolled in any online me examples include Connections Academy, Minnesota etc). Exception granted for PSEO (see below)
,		ticipate in any league activity if they are registered for PSEO tudent. PSEO classes may be taken online.
Please initial the following	g:	
My student meets the	e eligibility criteria listed above	
My student has a sports qualifying physical on file with the MCAC member school		rith the MCAC member school (renewed every 3 years)
My student agrees to	follow all guidelines set forth b	y the member school and MCAC handbook
My student will be un	der 19 years of age on Septemb	per 1 st of this school year
My student does not p	participate with any other scho	ol team in a sport that is sanctioned by the MCAC
My student is a full-tir	ne student attending classes re	egularly towards the state's minimum graduation requirements

Parent/Guardian Signature_____ Date_____

Parent/Guardian Name (printed)

_ My student will not use or consume or have in possession any alcoholic beverage, tobacco, or vape

_____ My student will not use or consume, have in possession, buy, sell, or give away any controlled substance