

Prospective Extra Curricular Interest Form

AH 2011

Thank you for your interest in South Plantation High Extra Curricular Activities. After submitting this form, your information will be sent to the athletic director and or any other relevant parties.

Personal Information

Sex: M F

Full Name: _____ Phone Number: _____

Address: _____ City: _____

State: _____ Zip: _____ Date of Birth _____

Athletic Information

Graduation Year: _____ GPA _____ SAT _____ Class Rank _____

If transfer student, Current School _____ Height: _____ Weight: _____

Sport(s) Interested in Participating:

Check all that apply

- | | |
|--|--|
| <input type="checkbox"/> Baseball / Softball | <input type="checkbox"/> Swimming/Diving |
| <input type="checkbox"/> Volleyball | <input type="checkbox"/> Golf |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Cheerleading |
| <input type="checkbox"/> Cross Country | <input type="checkbox"/> Dance Team |
| <input type="checkbox"/> Tennis | <input type="checkbox"/> Step Team |
| <input type="checkbox"/> Lacrosse | <input type="checkbox"/> Soccer |
| <input type="checkbox"/> Ice/Roller Hockey | <input type="checkbox"/> Water Polo |
| <input type="checkbox"/> Weightlifting | <input type="checkbox"/> Track & Field |
| <input type="checkbox"/> Flag Football | <input type="checkbox"/> Wrestling |

Other interests:

- | | | | |
|--|---------------------------------------|--|--|
| <input type="checkbox"/> Band/Music | <input type="checkbox"/> Key Club | <input type="checkbox"/> Chorus | <input type="checkbox"/> Year Book |
| <input type="checkbox"/> Peer Counseling | <input type="checkbox"/> NHS | <input type="checkbox"/> Mu Alpha Theta | <input type="checkbox"/> Sign of the Knights |
| <input type="checkbox"/> Quill & Scroll | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Solar Knights | <input type="checkbox"/> Step Team |
| <input type="checkbox"/> Fairchild Challenge | <input type="checkbox"/> Web Design | <input type="checkbox"/> Paladin Society | <input type="checkbox"/> SECME/TSA |
| <input type="checkbox"/> Aquarium Club | <input type="checkbox"/> SHAPE | <input type="checkbox"/> First Priority | <input type="checkbox"/> Youth Crime Watch |
| <input type="checkbox"/> ER Ambassadors | <input type="checkbox"/> 4H | <input type="checkbox"/> FOR Club | <input type="checkbox"/> Creative Writing |
| <input type="checkbox"/> FCCLA | <input type="checkbox"/> FFEA | <input type="checkbox"/> French Club | <input type="checkbox"/> Debate |
| <input type="checkbox"/> Drama | <input type="checkbox"/> GSA | <input type="checkbox"/> HOSA | <input type="checkbox"/> Best Buddies |
| <input type="checkbox"/> HOLA | <input type="checkbox"/> JROTC | <input type="checkbox"/> Freshman Class | <input type="checkbox"/> Sophomore Class |
| <input type="checkbox"/> Junior Class | <input type="checkbox"/> Senior Class | <input type="checkbox"/> DECA | <input type="checkbox"/> Other _____ |