NCHSAA MASTER ATHLETIC ELIGIBILITY LIST

**(Please Type)**

# School: Sport:

**Street: Men/Women:**

**City:**  **Date of 1st Contest:**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of Contestants**  **Alphabetically – Last Name, First Name,**  **Middle Initial** | **Date of**  **Birth**  **Mo.-Day-Yr.** | **Yr. of First Entry in**  **9th Grade** | **Date of Enrollment for Current School Yr.** | **Meets Medical Requirements**  **Date of Exam &**  **(✓) Gfeller-Waller Form** | | | **Meets LEA Attendance Requirement** | **Number of Subjects Passed Last Semester** | **Meets All LEA Eligibility Standards**  **(GPA, Promotion, etc.) (✓)** | **Check if Parents Live in This Administrative Unit**  **(✓)** | **Check If Student Meets All Residence and/or Transfer Regulations**  **(✓)** |
|  |  |  |  | **Med Exam** | **GW Form\*** | |  |  |  |  |  |
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**\*Gfeller-Waller Form (GW) must be signed by student and parent; √ indicates both have signed**

I hereby certify that each person listed has complied in all respects with the requirements for eligibility adopted by the NCHSAA and that documents sustaining each student’s eligibility are on file in the school.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Coach Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Athletic Director Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Principal Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Updated August, 2022**

**HIGH SCHOOL ATHLETIC ELIGIBILITY FORM (CONT.)**

DATA ON CONTESTANTS WHOSE PARENTS DO NOT LIVE IN ADMINISTRATIVE UNIT

INSTRUCTIONS FOR COMPLETING

In the section below headed “Reason for Eligibility,” insert the appropriate number for the code from Section 1.2.2(f) in the NCHSAA Handbook, thus describing the student’s status.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Name of Contestant** | **Address of Parents** | **Reason for Eligibility** |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |

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| **OFFICIAL TEAM STUDENT PERSONNEL (managers, trainers, etc.)** | **HEAD AND ASSISTANT COACHES**  Must list all coaches. | | | | | | **TEAM COMPLIANCE WITH GFELLER-WALLER REQUIREMENTS** | |
| **NAME** | **NAME** | **AED/CPR Exp. Date**  **or**  **SCA Course** | **NCHSAA Eligibility Video** | **GW FORM** | **NFHS FOC** | **NFHS CIS** | **ITEM** | **COMPLETE DATE** |
|  |  |  |  |  |  |  | EAP DEVELOPED |  |
|  |  |  |  |  |  |  | EAP ATC REVIEW |  |
|  |  |  |  |  |  |  | EAP REHEARSED |  |
|  |  |  |  |  |  |  | EAP POSTED |  |
|  |  |  |  |  |  |  | RTP DISCUSSED |  |
|  |  |  |  |  |  |  | PRIN APPROVAL |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

Head coach of this sport: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ This semester begins at our school: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

This semester ends at our school: \_\_\_\_\_\_\_\_\_\_\_\_\_\_