



MASTER ELIGIBILITY LIST

NCHSAA, Box 3216, Chapel Hill, NC 27515

_____ High School County _____

Street _____

City _____, NC Zip _____

Sport _____

Men _____ Women _____

Class A AA AAA AAAA

Date of 1st Contest _____

NAME OF CONTESTANTS - TYPE OR PRINT LIST ALPHABETICALLY - LAST NAME FIRST	DATE OF BIRTH MM/DD/YYYY	YR. OF FIRST ENTRY IN 9TH GRADE	MEETS STATE MEDICAL REQUIREMENTS (MEDICAL HISTORY, PHYSICAL EXAM, G-W LAW)	DATE ENROLLED PRESENT SEMESTER	MEETS ATTENDANCE REQUIREMENT	NUMBER OF SUBJECTS PASSED LAST SEMESTER	CHECK IF PARENTS LIVE IN THIS ADM. UNIT
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							
16.							
17.							
18.							
19.							
20.							
21.							
22.							
23.							
24.							
25.							

*** DO NOT SEND TO THE NCHSAA ***

FORM SHOULD BE KEPT ON FILE AT SCHOOL

NCHSAA MASTER ELIGIBILITY LIST (CONT.)

DATA ON CONTESTANTS WHOSE PARENTS DO NOT LIVE IN ADMINISTRATIVE UNIT

INSTRUCTIONS FOR COMPLETING

In the block headed "Eligible Because," insert the appropriate letter for the code from the residence section in the Handbook, thus describing the student's status.

Name of Contestants		Address of Parents	Eligible Because
1.			
2.			
3.			
4.			
5.			

FOR CATASTROPHIC INSURANCE PURPOSES

Official team student personnel (managers, trainers, etc.)

1. _____

2. _____

3. _____

Head Coach of this sport _____

This semester begins at our school _____

This semester ends at our school _____