

MIDDLE/JUNIOR HIGH SCHOOL ATHLETIC ELIGIBILITY LIST

Sport _____ Boys _____ Girls _____ Date _____ Circle Classification: Middle (6-7-8) Jr. High (7-8-9)

School _____ Administrative Unit _____

Street _____ Conference _____

City _____, NC Zip _____

I hereby certify that each person listed has complied in all respects with the requirements for athletic eligibility adopted by the State Board of Education (i.e. – Medical Exam, Attendance, Academics, Residence, Age).

Signed _____ Date _____ Phone _____

[illegible]

17.									
18.									
19.									
20.									
21.									
22.									
23.									

*** Gfeller Waller Form (GW) must be signed by student and parent; ✓ indicates both have signed**

Master Eligibility List Cont.

FOR CATASTROPHIC INSURANCE PURPOSES

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

Name	Role

TEAM COMPLIANCE WITH GFELLER WALLER REQUIREMENTS	
ITEM	COMPLETE DATE
EAP DEVELOPED	
EAP ATC REVIEW	
EAP REHEARSED	
EAP POSTED	
RTP DISCUSSED	

Head Coach of this sport _____

This semester begins at our school _____

This semester ends at our school _____

*** DO NOT SEND TO THE NCDPI ***
FORM SHOULD BE KEPT ON FILE AT SCHOOL