



# 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<br>LIST ALPHABETICALLY - LAST NAME FIRST | DATE OF<br>BIRTH<br>MM/DD/YYYY | YR. OF<br>FIRST<br>ENTRY IN<br>9TH GRADE | MEETS STATE MEDICAL<br>REQUIREMENTS (MEDICAL<br>HISTORY,<br>PHYSICAL EXAM, G-W LAW) | DATE<br>ENROLLED<br>PRESENT<br>SEMESTER | MEETS<br>ATTENDANCE<br>REQUIREMENT | NUMBER OF<br>SUBJECTS<br>PASSED LAST<br>SEMESTER | CHECK IF<br>PARENTS<br>LIVE IN THIS<br>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 \_\_\_\_\_