

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 _____

Halifax County Schools Athletic Department
 Date _____

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 _____

NAME OF CONTESTANTS TYPE OR PRINT ALPHABETICALLY - LAST NAME <small>NUMBER</small>	DATE OF BIRTH MM/DD/YYYY	YR. OF FIRST ENTRY IN 6TH GRADE	MEETS STATE MEDICAL REQUIREMENTS		DATE ENROLLED PRESENT SEMESTER	MEETS ATTENDANCE REQUIREMENTS	NUMBER SUBJECTS PASSED LAST SEMESTER	MEETS PROMOTION STANDARD
			Date of Exam Med Exam	(<input type="checkbox"/>) Gfeller Waller GW Form*				
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2017 - 2018

* 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