

ELIGIBILITY LIST (BOYS)(GIRLS)

NAME OF SPORT: _____

**SOUTHERN ILLINOIS JUNIOR HIGH SCHOOL ATHLETIC ASSOCIATION
FOR ALL SIJHSAA SPONSORED CONTESTS, TOURNAMENTS, AND MEETS
THE COACH SHALL TAKE THIS LIST TO EVERY CONTEST THROUGHOUT THE ENTIRE SEASON.**

SCHOOL _____ *School Year* _____

Name of Coach(Print) _____

| <u>NAME OF CONTESTANT</u> | <u>BIRTH DATE</u> | <i>Birth Certificate</i> <u>ON RECORD WHERE?</u> | <u>GRADE</u> | <u>UNIFORM #</u> | |
|---------------------------|-------------------|---|--------------|------------------|-------------|
| | | | | <u>LIGHT</u> | <u>DARK</u> |

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*A STUDENT IS INELIGIBLE WHILE REPEATING A YEAR'S, OR A PORTION OF A YEAR'S, WORK.
WE HEREBY CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND THAT EACH OF OUR
CONTESTANTS IS A BONAFIDE STUDENT OF OUR SCHOOL.*

Coach or A.D. _____ Principal or Supt. _____