ARCHDIOCESAN INTERSCHOLASTIC ATHLETIC LEAGUE

FOOTBALL ELIGIBILITY LIST

SPORT_____ DIVISION A B BOYS/GIRLS

ATHLETES NAMES (Print) GRADE BIRTH DATE PHYSICAL EXAM DATE

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

13. _____

14. _____

15. _____

We verify these athletes are students of _____School.
We have verification that these athletes have parental permission to participate, are covered by medical insurance, and have passed a medical doctor's physical examination.

_____ _____

Principal signature **Athletic Director signature**

Head Coach: _____ _____ _____
(signature) **(print name)** **(date of clearance)**

Asst. Coach: _____ _____ _____
(signature) **(print name)** **(date of clearance)**

Asst. Coach: _____ _____ _____
(signature) **(print name)** **(date of clearance)**

Asst. Coach: _____ _____ _____
(signature) Football only **(print name) Football only** **(date of clearance)**