



**NORTH CAROLINA HIGH SCHOOL ATHLETIC ASSOCIATION, INC.**

**MASTER ELIGIBILITY LIST**

NCHSAA, Box 3216, Chapel Hill, NC 27515

\_\_\_\_\_ High School County \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ N.C. Zip \_\_\_\_\_

**ELIG**

Sport \_\_\_\_\_

Men \_\_\_\_ Women \_\_\_\_

Class A AA AAA AAAA  
(circle)

Date of 1st contest \_\_\_\_\_

NAME OF CONTESTANTS—TYPE OR PRINT LIST ALPHABETICALLY—LAST NAME FIRST	DATE OF BIRTH MO.—DAY—YR.	YR. OF FIRST ENTRY IN 9TH GRADE	HAS HAD PHY. EXAM	DATE ENROLLED PRESENT SEMESTER	MEETS ATTENDANCE REQUIREMENT	NUMBER SUBJECTS PASSED LAST SEMESTER	CHECK IF PARENTS LIVE IN THIS 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							
26							
27							
28							
29							
30							
31							
32							
33							
34							
35							
36							
37							
38							
39							
40							
41							
42							

**\*\*\*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: \_\_\_\_\_