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)_____

NAME OF CONTESTANT	BIRTH DATE	Birth Certificate ON RECORD WHERE?	GRADE	UNIFORM # LIGHT	UNIFORM # DARK

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.** _____