

**YSLETA INDEPENDENT SCHOOL DISTRICT
ATHLETICS
MIDDLE SCHOOL ELIGIBILITY BLANK**

Date: _____ 20 _____

Fill out two forms: send original to the Athletic Office and retain one copy for the local school files.

Name of School _____ Coach _____

Check One: Original ____ Supplement ____

INVALID UNLESS APPROPRIATE TEAM IS CHECKED

<input type="checkbox"/> 8 th Grade	<input type="checkbox"/> 7 th Grade	<input type="checkbox"/> Football	<input type="checkbox"/> Basketball	<input type="checkbox"/> Golf	<input type="checkbox"/> Cheerleading	<input type="checkbox"/>
<input type="checkbox"/> Boys	<input type="checkbox"/> Girls	<input type="checkbox"/> Volleyball	<input type="checkbox"/> Track	<input type="checkbox"/> Baseball		
		<input type="checkbox"/> Cross Country	<input type="checkbox"/> Soccer	<input type="checkbox"/> Softball		
		<input type="checkbox"/> Tennis	<input type="checkbox"/> Swimming	<input type="checkbox"/> Wrestling		

To participate on a 7th grade team, a student may not be 14 years of age on September 1st of current school year.

To participate on a 8th grade team, a student may not be 15 years of age on September 1st of current school year.

Type student's name, age, and date of birth:

	NAME	AGE	DATE OF BIRTH
1			
2			
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PRINCIPAL'S CERTIFICATION

I hereby certify that I have personally investigated the regulations contained in Article VII of the Constitution and Contest Rules, and to the best of my knowledge and belief, the students listed above are eligible.

Signature: _____ Date: _____