

CHARLES COUNTY PUBLIC SCHOOLS

PRE-SEASON ATHLETIC ELIGIBILITY CLEARANCE

HIGH SCHOOL: \_\_\_\_\_

STUDENT NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ MOTHER'S NAME: \_\_\_\_\_

FATHER'S WORK # \_\_\_\_\_ MOTHER'S WORK #: \_\_\_\_\_

PARENT EMAIL: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

GRADE: 9 10 11 12

SPORT: \_\_\_\_\_

YRS. PARTICIPATING 1 2 3 4

SEASON: Fall Winter Spring

SEMESTER 1 2 3 4 5 6 7 8

**ELIGIBILITY CRITERIA**

GPA PREVIOUS QUARTER \_\_\_\_\_

# FAILURES PREVIOUS QUARTER # \_\_\_\_\_

ABSENCES PREVIOUS QUARTER \_\_\_\_\_

**FORMS COMPLETED**

PHYSICAL EXAMINATION \_\_\_\_\_

PHYSICAL EXAM DATE: \_\_\_\_\_

PROOF OF INSURANCE: \_\_\_\_\_

AUTHORIZATION TO PARTICIPATE: \_\_\_\_\_

EMERGENCY MEDICAL CARD: \_\_\_\_\_

STUDENT/PARENT SIGNATURE FORM \_\_\_\_\_

COMMENTS \_\_\_\_\_  
\_\_\_\_\_

VERIFICATION OF ELIGIBILITY

BY \_\_\_\_\_

DATE: \_\_\_\_\_

Athletic Director