

H.S.S.A.A. ELIGIBILITY FORM

FILE WITH: DARRIN CURTIS, ATHLETIC CONVENOR (Fax: 905 873-8830)

SCHOOL: _____

DATE: _____

SPORT: _____

(PLEASE TYPE OR PRINT – ARRANGE NAMES IN ALPHABETICAL ORDER)

	SURNAME	GIVEN NAME	GENDER M/F	AGE AT JAN 1, 2019	OSR BIRTHDATE			DATE OF ENTRY INTO GRADE 9
					DAY	MONTH	YEAR	
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WE HEREBY CERTIFY THAT THE ABOVE ARE:

1. Bonafide students of this school who meet the eligibility requirements of the HSSAA Constitutions.
2. According to our school records and to the best of our knowledge, are of the age and birth date indicated above.

Coach: _____

Staff _____ **Non-Staff** _____

Phone (H): _____

Teacher Liaison: _____

Phone (W): _____

Liaison Phone (H): _____

E-Mail: _____

E-Mail: _____

Principal's Signature: _____