

# HSSAA ELIGIBILITY FORM

Share with Dept. Head with viewing permissions with your Principal & Darrin Curtis

School:

Date:

Sport:

*Please arrange names in alphabetical order*

	SURNAME	GIVEN NAME	OSR BIRTH DAY	OSR BIRTH MONTH	OSR BIRTH YEAR	DATE OF ENTRY INTO GRADE 9
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						

**WE HEREBY CERTIFY THAT THE ABOVE ARE:**

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

**Staff Coaches:**

**Non-Staff Coaches:**

**Principal's Signature:**

(Principal may be copied / shared in lieu of signature)