



**District Eligibility Card** CIF # \_\_\_\_\_

Boy's Sports \_\_\_\_\_ Girl's \_\_\_\_\_

Sports \_\_\_\_\_ Coach \_\_\_\_\_

Counselor \_\_\_\_\_

Name (print) First \_\_\_\_\_ Last \_\_\_\_\_ M.I. \_\_\_\_\_

Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Birthdate \_\_\_\_\_ Grade \_\_\_\_\_ Homeroom \_\_\_\_\_

Transfer from \_\_\_\_\_ Date Enrolled \_\_\_\_\_

Parent Permit \_\_\_\_\_ MSHSL Eligibility Form \_\_\_\_\_ Fee \_\_\_\_\_

Physical Exam Date \_\_\_\_\_ Nurse Signature \_\_\_\_\_

Scholastically Eligible \_\_\_\_\_ Counselor Signature \_\_\_\_\_

Authorization to use photo on conference athletic web site. Parent's Signature \_\_\_\_\_