

BIGLERVILLE ATHLETIC DEPARTMENT

ELIGIBILITY INFORMATION SHEET

Note: All information must be completed. Form must be turned in to sport coach prior to first practice!!

Sport: _____

Name: _____ Grade: _____

Address: _____ City: _____ Zip: _____

Date of Birth: _____ Age: _____

Place of Birth: _____ City: _____ State: _____

Circle the grades listed below in which you have participated in your **current** sport on an interscholastic basis, **including this year**:

☐	☐	☐	☐	☐	☐
7	8	9	10	11	12

I acknowledge that the above information is accurate.

Student-Athlete

Date

Parent/Guardian

Date