Marathon Central School District

Athletic Department

NYSPHSAA ATHLETIC ELIGIBILITY COMPLIANCE REPORT

Name of Sport:	Level of Sport: JH JV VAR	Coach:

Athlete's Name	Medical Form Received from Nurse Y/N	Gender	Age	Date of Birth	Current Grade	Date Entered 9th Grade	Years of Experience at the JV and/or Varsity Level	Attendance Dates of Practices: List the date of each practice and place a (X) for each date in which a student has attended practice. This should be done until the minimum number of practices required by the NYSPHSAA for competition have been met.														

As the coach of this sport, I certify that the information about the above athletes is correct and that each athlete is eligible to participate at the level of competition indicated. Also, each athlete listed above has met the minimum number of practices, medical requirements, and participation requirements of the Marathon CSD, IAC, Section IV and the NYSPHSAA and are eligible to participate in the above named sport for this season.

Coach:	Coach's Signature:	Date:

As the Athletic Director, I am familiar with the rules of the Commissioner of Education and the NYSPHSAA governing the eligibility of boys and girls who may participate in interscholastic athletics; I have personally checked the above names, and that all persons listed have complied in all aspects with the requirements for eligibility and are entitled to represent this High School in the sport listed above for this season.

Athletic Director: Todd A. James	Athletic Director's Signature:	Date:

As the Principal, I am familiar with the rules of the Commissioner of Education and the NYSPHSAA governing the eligibility of boys and girls who may participate in interscholastic athletics; I have personally checked the above names, and that all persons listed have complied in all aspects with the requirements for eligibility and are entitled to represent this High School in the sport listed above for this season.

Principal: David R. Rosetti	Principal's Signature:	Date: