WECSSAA ELIGIBILITY FORM

Sport: _____ **Circle One:** Sr. Girls Sr. Boys
School: _____

Coaches: _____ **School Phone**: _____
Coaches Home Phone: _____

SEND ONE COPY TO THE WECSSAA SECRETARY/TREASURER PRIOR TO YOUR FIRST COMPETITION

Jersey Number	Student Name	Age Jan. 1	Birthdate	Previous School Admitted this school (mm/dd/yy)	Secondary School Admit Date

Signature of Teacher/Coach Supervisor:	Signature of Principal:	Signature of P.E. Department Head:
Date:	Date:	Date: