

Player Eligibility Status Form

Player's Name: _____

To the Player:

Please take this form to your school counselor and request them to verify your eligibility status under the UIL No Pass/No Play rules and complete and sign the form. Then return this form to your Team Manager.

To the High School/Middle School Counselor:

Once you have verified the eligibility status of the player stated above, please write "Eligible" or "Ineligible" on the status line below. Also enter the appropriate Eligibility Period (according to the TEA/UIL Eligibility Calendar) for which you are completing this form. Please print and sign your name and enter the date this verification was performed.

Status: _____
(please state either "Eligible" or "Ineligible")

Eligibility Period: _____
(1st 9 weeks, 2nd 9 weeks, Re-evaluation, etc.)

Counselor's Name (please print)

Counselor's Signature

Date