

ROSTER ELIGIBILITY CHECKLIST

Roster Compliance Package | Complete Before Season Opener — One Per Team

Athletic Director must certify this checklist before the team's first contest of the season. Keep original on file. Submit a copy to NFMSS upon request.

SECTION 1 — TEAM & SEASON INFORMATION

School Name: _____	School Year: _____
Sport: _____	Season (circle): Fall / Winter / Spring
Head Coach: _____	Grade Level(s): _____
Athletic Director: _____	Date Prepared: _____
Total Roster Size: _____	Number of Transfers: _____

SECTION 2 — ROSTER & ELIGIBILITY VERIFICATION TABLE

List every athlete on the roster. Check each eligibility criterion. Any unchecked box requires written explanation in Section 3.

#	Athlete Full Name	Grade	DOB	Age ≤14 on Aug 1	Enroll ed Full -Time	Acade mic St andin g	PPE on File	Tran sfer? (Y/N)	ELIGIB LE
1				■	■	■	■		■
2				■	■	■	■		■
3				■	■	■	■		■
4				■	■	■	■		■
5				■	■	■	■		■
6				■	■	■	■		■
7				■	■	■	■		■
8				■	■	■	■		■
9				■	■	■	■		■
10				■	■	■	■		■
11				■	■	■	■		■

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1				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
2									
1				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
3									
1				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
4									
1				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
5									
1				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
6									
1				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
7									
1				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
8									
1				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
9									
2				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
0									

If roster exceeds 20 athletes, attach additional pages using the same column format.

SECTION 3 — ELIGIBILITY EXCEPTIONS & NOTES

For any athlete with an unchecked box above, provide the athlete's name, the criterion not met, and the action taken or pending (e.g., transfer paperwork filed, physician clearance pending).

Athlete Name	Criterion Not Met / Exception	Action Taken / Status

SECTION 4 — ATHLETIC DIRECTOR CERTIFICATION CHECKLIST

All athletes listed above are currently enrolled full-time at this school.

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- All athletes meet NFMSS age requirements (not yet 15 as of August 1 of the current school year).
- All athletes are in good academic standing per school/district policy.
- A valid Pre-Participation Physical Evaluation (PPE) is on file for every athlete.
- A signed Emergency Medical Authorization form is on file for every athlete.
- A signed SCA Awareness & Sign-off is on file for every athlete.
- A signed Heat Illness Acknowledgment & Sign-off is on file for every athlete.
- Transfer Eligibility Verification forms have been completed for all transfer athletes.
- Amateurism Affirmation forms have been collected from all athletes.
- No athlete on this roster has participated on a high school varsity team in this sport.
- This roster has been reviewed for accuracy and I certify it is complete and correct.

SECTION 5 — AUTHORIZED SIGNATURES

Athletic Director	_____	Date:	_____
Signature:	_____		
Printed Name:	_____	School:	_____
Head Coach	_____	Date:	_____
Signature:	_____		
Printed Name:	_____	Sport:	_____
Principal	_____	Date:	_____
Signature:	_____		