## **Guidelines for Certifying Athletic Eligibility**

Revised April 9, 2015

It is the responsibility of the school administrator to complete and return to the CFA/ACEA office the athletic eligibility material listed below by the assigned due date. A late fee of \$10 per business day will be assessed beginning on the fourteenth day following the due date for eligibility to be in the ACEA office.

- Team Eligibility List (one per team) Must have original signature of the Administrator
- Transfer Student Verification Form
- Financial Assistance Student Reporting Form
- Copy of Season Schedule
- Name of Officiating Association with contact information
- Coaches Signed Statement
- Copy of ACTive Concussion Training Certificate per coach (if not already on file in the CFA/ACEA office)

#### In addition:

- 1. New Schools: Students listed on your Team Eligibility List
  - A copy of each student's birth certificate
  - Grades for 6<sup>th</sup> to present
  - Grades for 5<sup>th</sup> if student is currently in 6<sup>th</sup> grade

#### 2. Schools that played sports in the CFA/ACAA the previous year:

Check Birth Certificate/Transcript List of items on file in the CFA/ACEA office. If a student is listed we have a copy of their birth certificate. If grades for 6<sup>th</sup> and 7<sup>th</sup> are checked **you do not need to send additional grades.** 

Students that were enrolled in your school the previous year, but are not listed on the Birth Certificate/Transcript List of items on file in the CFA/ACEA office you will submit the following:

- A copy of the student's birth certificate
- Grades for 6<sup>th</sup> to present
- Grades for 5<sup>th</sup> if student is currently in 6<sup>th</sup> grade

#### 3. For transfer students submit the following:

- A copy of the student's birth certificate
- Grades from 6<sup>th</sup> to present
- Grades for 5<sup>th</sup> if student is currently in 6<sup>th</sup> grade

#### 4. When adding student(s) to your *Team Eligibility List* after the initial list is submitted:

- Submit a *Team Eligibility List* for the student(s) that are being added with original signature of Administrator.
- Submit a copy of birth certificate and grades as shown above as applicable for...
  - Schools that played sports in the CFA/ACAA the previous year
  - Transfer students or
  - New school

#### 5. The following forms are kept on file at your school:

- Medical Release Form
- Medical History Form

# CHRISTIAN FOOTBALL ASSOCIATION

### **Team Eligibility List**

| Students in grades 7 <sup>th</sup> – 12 <sup>th</sup>  | (y)              | •       |                 |               | Eigh                 | t Man   |                                       |
|--|------------------|---------|-----------------|---------------|----------------------|---|---------------------------------------|
| NOTE: 6 <sup>th</sup> grade students are no  |                  |         |                 |               |                      |   |                                       |
| rio 12. o grade stadents are no  | engible to       | o parti | cipate ii       |               |                      | igue piuj.  |                                       |
| School Name  |                  |         |                 | City_         |                      |   |                                       |
| Team Name  | A                | dminist | rator           |               |                      |   |                                       |
| Coaches' Name  |                  | Coache  | es' Cell#       |               |                      |   |                                       |
| Coaches' Email Address:  |                  |         |                 |               |                      |   |                                       |
| Playing site address:  |                  |         |                 |               |                      |   |                                       |
|  | 1                | 1       | T               | 1             | T                    | T   | 1                                     |
| Students' Full Name<br>(Please print or type)  | Date of<br>Birth | Age     | Grade           | Eligible<br>* | Uniform<br>Inspected | Health/Physical<br>Form on File in<br>school Office | Medical<br>Release<br>Form<br>on File |
| 1.   |                  |         |                 |               |                      |   |                                       |
| 2.   |                  |         |                 |               |                      |   |                                       |
| 3.   |                  |         |                 |               |                      |   |                                       |
| 4.   |                  |         |                 |               |                      |   |                                       |
| 5.   |                  |         |                 |               |                      |   |                                       |
| 6.   |                  |         |                 |               |                      |   |                                       |
| 7.   |                  |         |                 |               |                      |   |                                       |
| 8.   |                  |         |                 |               |                      |   |                                       |
| 9.   |                  |         |                 |               |                      |   |                                       |
| 10.  |                  |         |                 |               |                      |   |                                       |
| 11.  |                  |         |                 |               |                      |   |                                       |
| 12.  |                  |         |                 |               |                      |   |                                       |
| 13.  |                  |         |                 |               |                      |   |                                       |
| 14.  |                  |         |                 |               |                      |   |                                       |
| 15.  |                  |         |                 |               |                      |   |                                       |
| 16.  |                  |         |                 |               |                      |   |                                       |
| 17.  |                  |         |                 |               |                      |   |                                       |
| 18.  |                  |         |                 |               |                      |   |                                       |
| 19.  |                  |         |                 |               |                      |   |                                       |
| 20.  |                  |         |                 |               |                      |   |                                       |
| * Please indicate in this column the year each stud  | lent entered     | the 7th | grade <i>fo</i> | r the first   | time.                |   |                                       |
| By signing this form, I, the Administrator or school designee, affirm that the students listed on this Team Eligibility List are academically eligible and in "good standing" and have met eligibility requirements to participate in CFA league play. |                  |         |                 |               |                      |   |                                       |
| Signature of Administrator/Designee  |                  | Ī       | Printed N       | Name of A     | dministrat           | tor   |                                       |

Date: \_\_\_\_\_

# **FOOTBALL Transfer Student Verification Form**

Please attach this form to each Team Eligibility List.

Please complete the information below for all students who transferred into your school from the <u>beginning of the previous school year to present</u>.

| Name of Student | Transferred from:<br>Name of School, City, and State | Date of<br>Enrollment in<br>your School |
|-----------------|--|---|
|                 |  |   |
|                 |  |   |
|                 |  |   |
|                 |  |   |
|                 |  |   |
|                 |  |   |
|                 |  |   |
|                 |  |   |
|                 |  |   |
|                 |  |   |
|                 |  |   |
|                 |  |   |

Make copies of this form for each Team Eligibility List submitted if applicable.

## **CFA Financial Assistance Student Reporting Form**

| School                |               |                  |   |  |  |
|-----------------------|---------------|------------------|---|--|--|
| Admin                 | istrator      |                  |   |  |  |
| Sport Being Reported: |               | orted:           | Football  |  |  |
| Please                | complete th   | he follo         | owing items—  |  |  |
| Yes                   | No            | 1.               | Does your school provide any financial assistance to any students?  If yes, how many?           |  |  |
| Yes                   | No            | 2.               | Does you school provide any financial assistance to any student athletes? If yes, how many?     |  |  |
| Yes                   | No            | 3.               | Does any team member in this sport receive financial assistance?  If yes, how many?             |  |  |
|                       | TE: For the p | purpose<br>ince. | of this form, tuition benefits available to school employees do <u>not</u> constitute financial |  |  |
|                       |               |                  |   |  |  |
| Admin                 | istrator's S  | ignatu           | re Date   |  |  |

\*NOTE: Form cannot be accepted unless signed by the school administrator.

## CFA COACHES SIGNED STATEMENT

According to CFA requirements, we the undersigned have read the CFA Operations Manual and agree to comply with all rules and regulations as stated.

We agree to absolve the CFA/ACAA from **all** liability because of any injury sustained during **any** CFA/ACAA sponsored event.

| Administrator | Athletic Director |
|---------------|-------------------|
|               |                   |
|               |                   |
|               | Coach             |
|               |                   |
|               |                   |
| Date          | Coach             |
|               |                   |
|               |                   |
|               | Coach             |

## OFFICIALS' ASSOCIATION USED

| FOOTBALL                                      |
|---|
| Association:                                  |
| Contact person                                |
| Contact information (number or email address) |

MAKE CERTAIN ALL COACHES HAVE

COMPLETED THE CONCUSSION TRAINING

CERTIFICATION AND SUBMIT A COPY OF THE

CERTIFICATE TO THE ACAA/CFA OFFICE.

This information can be found on the ACAA website under RESOURCES.

Forms to be completed and kept on file at your school:

Medical History Form (Download from ACAA Website)

**Medical Release Form** 

# MEDICAL RELEASE FORM Guidelines

Please copy one form per athlete.

The top two signatures are if the parent(s) grants permission for medical information to be discussed with school personnel.

The bottom two signatures are if parent(s) does not grant permission for medical information to be discussed with school personnel.

Keep signed forms on file in the school office.

Give the coaches a <u>copy</u> of each form to keep with them if needed at away games.

If you have any questions, please call the CFA/ACEA office.

### STUDENT / ATHLETE

## **Medical Release Form**

### **Christian Football Association**

Federal guidelines under HIPAA now requires a signed release form to be on file before any medical or financial information can be given on the named patient.

| Student / Athlete:                                   |  |
|--|--|
| Permission to discuss t<br>for all school related he | he medical condition of above named patient with the following people is granted ealth problems: |
| ,  | Coaches; 3) Trainers; 4) School Administration; anned Benefits services)                         |
| Signed:  | Relationship:  |
| Signed:  | Relationship:  |
| School:  |  |
| The medical condition patient and parents or §       | of the above named patient is not to be discussed with any person other than the guardians.      |
| Signed:  | Relationship:  |
| Signed:  | Relationship:  |
| Date:  |  |

(Copy One Form per Athlete)

## Officials and Coaches' Game Report

**Instructions:** Game officials and coaches are requested to complete this report at the conclusion of the game and mail it to the CFA/ACEA office no later than the next day. (It is not necessary to send in a report after each game, unless there is a problem to report.)

**Rationale for Game Report:** It is the desire of this Association that our coaches, players, pastors, administrators, and fans conduct themselves in a way that becomes a follower of the Lord Jesus Christ and the standards of conduct commonly associated with good sportsmanship. Your cooperation is expected and it is appreciated by the CFA Committee.

| Home Team   | Visiting Team   |  |  |  |
|---|---|--|--|--|
| 1. Coach's conduct & attitude a. Excellent b. Average c. Poor   | 1. Coach's conduct & attitude a. Excellent b. Average c. Poor   |  |  |  |
| Comments:   | Comments:   |  |  |  |
| <ul><li>2. Player's conduct &amp; attitude</li><li>a. Excellent</li><li>b. Average</li><li>c. Poor</li></ul> Comments:      | <ul><li>2. Player's conduct &amp; attitude</li><li>a. Excellent</li><li>b. Average</li><li>c. Poor</li></ul> Comments:      |  |  |  |
| Comments:   | Comments:   |  |  |  |
| <ul><li>3. Pastor/Administrator's conduct &amp; attitude</li><li>a. Excellent</li><li>b. Average</li><li>c. Poor</li></ul>  | <ul><li>3. Pastor/Administrator's conduct &amp; attitude</li><li>a. Excellent</li><li>b. Average</li><li>c. Poor</li></ul>  |  |  |  |
| Comments:   | Comments:   |  |  |  |
| <ul><li>4. Fan's conduct &amp; attitude</li><li>a. Excellent</li><li>b. Average</li><li>c. Poor</li><li>Comments:</li></ul> | <ul><li>4. Fan's conduct &amp; attitude</li><li>a. Excellent</li><li>b. Average</li><li>c. Poor</li><li>Comments:</li></ul> |  |  |  |
|   |   |  |  |  |

Please circle the representative rating for each classification given above.

If any Technical Fouls (ejections or disqualifications) are awarded, please complete the Misconduct Report Form.

Thank you, CFA Committee

(Permission granted to CFA/ACEA member schools to duplicate this form as needed)