

CHRISTIAN FOOTBALL ASSOCIATION

Team Eligibility List

___ Six Man ___ Eight Man

NOTE: 6th grade students are not eligible to participate in football

School Name _____ City _____

Team Name _____ Administrator _____

Coaches' Name _____ Coaches' Cell # _____

Coaches' Email Address: _____

Playing Site Address: _____

	Students' Full Name (Please print or type)	Date of Birth	Age	Grade	*1 st Year Eligible	Uniform Inspected by Coach or AD	Health - Physical Form on File in School Office	Medical Release Form on File in School Office
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 student entered the 7th grade *for the first time*. Check last 3 boxes when verified at your school.

By signing this form I, the Administrator, 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

Printed Name of Administrator

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 beginning of the previous school year to present.

Name of Transfer Student	Transferred from: Name of School	Date of Enrollment in your School

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

**CFA Financial Assistance
Student Reporting Form**

School _____

Administrator _____

Sport Being Reported: Football

Please complete the following items—

- | | | |
|-----|----|--|
| Yes | No | 1. Does your school provide any financial assistance to any students?
If yes, how many? _____ |
| Yes | No | 2. Does your 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? _____ |

Please list any athlete reported in item #3 above—

NOTE: For the purpose of this form, tuition benefits available to school employees do not constitute financial assistance.

Please attach a copy of the school's written policy for financial assistance.

Administrator's Signature _____

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/ACEA from **all** liability because of any injury sustained during **any** CFA/ACEA sponsored event.

_____ Administrator	_____ Athletic Director
_____ Coach	_____ Coach
_____ Coach	_____ Coach
	_____ Date

OFFICIATING ASSOCIATION USED FOR CFA EVENTS

_____ Name of Association	_____ Contact Person
_____ Cell Number	_____ Email