SSSAD Student Eligibility FORM E-5

Cheerleading / Pom

School Name:	
Address:	
P. Code	Date:
Phone:	Fax:
School Division:	SHSAA District:: Saskatoon
Activity:	Classification:
Team Color:	Team Name:

The undersigned, declares that each of the following students is eligible to compete on the above team according to Article I of the Bylaws.

Principal's Signature:	
Coach:	Work Phone: Home Phone:
Teacher Supervisor: (if necessary)	Phone:

#	Name	Sex	Age	Birth Day	Birth Month	Birth Year	Gr.	Entered Gr 10 Mo	Yr