

ALABAMA HIGH SCHOOL ATHLETIC ASSOCIATION

Eligibility School Audit

Date Reviewed: _____

1. School: _____ **All Records in Order**

Student

Birth Certificate: _____

Physical: _____

Release Form: _____

STAR/NFHS Sportsmanship: _____

Concussion Form: _____

Coaches

Star/NFHS Sportsmanship: _____

Concussion: _____

CPR and AED Training: _____

Principles: _____

Sports First Aid: _____

Heat Acclimation: _____

Sudden Cardiac Arrest: _____

Emergency Action Plan for each facility in each sport: _____

During the Audit process- any student-athlete or coach who does not have all eligibility requirements on file is prohibited from participating in any practice or contest until all documents are compliant with AHSAA rules.

I _____, fully understand all findings discussed with the school auditor in the Post Observation. In addition, I agree all staff receiving coaching cards are actively coaching a sport and are in compliance with all Coaching Education requirements.

Auditor Signature/District_____

Principal/Designee Signature