Coach Verification of Eligibility for Collegiate Athletes

Students Name: _____
First, Last

1. Is a current member of USA Judo Yes No
2. Is at least 15 years old as of the date of the tournament Yes No
3. Is under 28 Years old on December 31st 2009 Yes No
4. Has remaining Eligibility as stated in the NCJA Guidelines Yes No

I_____, the coach of the above player declare that all of the above information given about the competitor is true to the fullest extent of my knowledge.

Coaches Signature: _____Date _____

Institution Verification of Eligibility

Students Name:_____
First, Last

Social Security Number_____

1. Is enrolled Full time in University he/she wishes to represent? Yes No
2. Is the student considered to be in good standing? Yes
   No
3. Year the student became a full time matriculated student_____
4. Total Number of Units completed _____
5. Undergraduate Class Level_____

Name of School_____

Signature of the Registrar: _____
Date_____

Please Stamp Institutional Seal

A **No** response on any of the above questions or discrepancies in unit to class level may indicate ineligibility.