

## Eligibility Packet Check List

<i>Eligibility Component</i>	<i>Athletes Initials</i>
Acknowledgement of Athletic Training Room Policies & Guidelines	
Insurance Information	
Emergency Information	
Pre Participation Sports Physical	
Medical Questionnaire	

**I have thoroughly completed the Eligibility Packet to the best of my ability.**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
print legibly mo/da/yr (i.e. 01/01/10)

Athlete's  
Signature: \_\_\_\_\_

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(to be completed by Northwest University Athletic Staff only)

Coach's  
Signature: \_\_\_\_\_

AT/L's  
Signature: \_\_\_\_\_