

CHUCK SPONSKY  
 CRAIG SPONSKY  
 ATHLETIC DIRECTORS  
 Home Phone: (814) 472-8523



*Pride and Respect*

BISHOP CARROLL HIGH SCHOOL  
 728 Ben Franklin Highway  
 Ebensburg, PA 15931  
 Phone: (814) 472-7500, Ext. 15  
 Fax: (814) 472-8020

## Bishop Carroll High School Athletics Eligibility Questionnaire

Current Sport \_\_\_\_\_

Physical Exam completed after June 1 of this school year? YES NO  
*Circle one*

If YES circled, for what sport \_\_\_\_\_

Name \_\_\_\_\_

Current Grade in School (this school year) 7<sup>th</sup> 8<sup>th</sup> 9<sup>th</sup> 10<sup>th</sup> 11<sup>th</sup> 12<sup>th</sup>  
*Circle one*

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*month* *day* *year*

Age on last birthday \_\_\_\_\_

Home Address \_\_\_\_\_

*city* \_\_\_\_\_ *zip code* \_\_\_\_\_

Please indicate each semester of attendance at Bishop Carroll  
 -including current semester

	FALL	SPRING
9 <sup>th</sup> Grade	_____	_____
10 <sup>th</sup> Grade	_____	_____
11 <sup>th</sup> Grade	_____	_____
12 <sup>th</sup> Grade	_____	_____

Please indicate years participated in current sport  
 -including current semester

7<sup>th</sup> Grade \_\_\_\_\_  
 8<sup>th</sup> Grade \_\_\_\_\_  
 9<sup>th</sup> Grade \_\_\_\_\_  
 10<sup>th</sup> Grade \_\_\_\_\_  
 11<sup>th</sup> Grade \_\_\_\_\_  
 12<sup>th</sup> Grade \_\_\_\_\_