

**SMALL FRY BASKETBALL SCHOOL ELIGIBILITY FORM**

**To:** School Principal or Administrator

**From:** Small Fry Basketball team \_\_\_\_\_

**Re:** Participation eligibility verification

The person presenting the Official Small Fry Basketball Eligibility Form represents the name of the student shown on the form and should be consistent with the photo on the form. Small Fry Basketball seeks to verify that the student: 1) in fact regularly attends your school, 2) has on file at your school, records that show the named student is under the age of 13 years as of Sept. 1, 2011, and 3) lives with a parent or legal guardian at the address shown on the School Eligibility Form.

To validate eligibility of the person giving you this form to participate in Small Fry Basketball, would you please verify such information by signing the form, indicating your title, the telephone number at the school, dating the form and returning it to the person as soon as possible. The student will not be able to participate in the International Small Fry Tournament until this form is received.

Should you have any questions, please feel free to call Walt Shipman, International Small Fry Asst. Director, at (312) 608-3520. Your cooperation is appreciated.

International Small Fry Basketball



**Small Fry Basketball**

\_\_\_\_\_

Player's Name

\_\_\_\_\_

Birthdate

\_\_\_\_\_

Complete address, Town, Zip

\_\_\_\_\_

Father's name

Telephone

\_\_\_\_\_

Mother's name

Telephone

\_\_\_\_\_

Name of school attending

\_\_\_\_\_

Telephone



Place recent photo  
of Player here

I, \_\_\_\_\_ (name, title) of the indicated school, certify that the information that appears on this form is correct to the best of my knowledge.

\_\_\_\_\_

Date

\_\_\_\_\_

Administrator signature

\_\_\_\_\_

Telephone

We, who affix our signatures below, certify that to the best of our knowledge the information that appears on this document is correct and that the above information belongs to the person whose birth certificate is attached to this form and the person whose picture appears above.

\_\_\_\_\_

Parent or Guardian

\_\_\_\_\_

Coach

\_\_\_\_\_

Player

\_\_\_\_\_

Organization President

\_\_\_\_\_

Name of Organization