



GENERAL INFORMATION FORM
CROSS COUNTRY/TRACK

Name: _____ **Date:** _____
First Middle Last

UCCS Student ID #: _____ **Date of Birth (m/d/y):** _____

Gender: M F **Colorado Resident:** Y N

Ethnicity (circle): Asian/Pacific Islander African American Hispanic
Native American/Alaskan White Other

Address while at College: _____ **Phone #'s:** (____) _____ (Home)
_____ (____) _____ (Cell)

_____ **E-mail:** _____

Parental Information

Father's Name: _____ **Mother's Name:** _____

Home Phone #: (____) _____

Parent's Street Address: _____

Parent's City, ST, Zip: _____

Additional mailing address if parents live at separate addresses (please identify)

Name: _____

Home Phone #: _____

Street Address: _____

City, ST, Zip: _____

ATHLETIC PARTICIPATION:

Did a coach at this institution recruit you? Yes No

* If yes, list the coach's name: _____

Have you participated in intercollegiate competition since high school? Yes No

ACADEMICS:

Have you declared a major? Yes No

If yes, what is your major? _____

Planned graduation date (if known): _____

EXPLANATION OF MISSED TIME:

Please explain any of the time you may not have enrolled in a college since your high school graduation.

I certify that the above information is correct. I understand that any false statement in this eligibility declaration will render me ineligible for further competition. In order to determine and confirm my athletic eligibility, I, the undersigned, do authorize the release by this University to the appropriate conference and national organization and their officials any and all records including, but not limited, my academic, attendance, and athletic records, which pertain to time and are necessary to determine my eligibility to compete in any intercollegiate athletic event sponsored or approved and conducted in accordance with the rules of the appropriate conference or national organization. My social security number has been voluntarily submitted for use in identification purposes.

Signature of Student-Athlete

Date

*** Do you hold a degree from any university or junior college? Yes No**

I have received this checklist and confirm its accuracy (CU-Colorado Springs use only):

Academic Coordinator: _____
Greg Augspurger _____ Date

Director of Academic Records: _____
Steve Ellis _____ Date

Eligible _____ Eligible for practice only _____ Not Eligible _____

I have received all required sports insurance and medical information:

Director of Sports Medicine: _____
Brian Hardy _____ Date

I have reviewed the above information:

Coach: _____
_____ Date

Athletic Director: _____
Steve Kirkham _____ Date

