



**GENERAL INFORMATION FORM**

**Sport(s):** \_\_\_\_\_

**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: \_\_\_\_\_

**Status Information**

1. Sport(s) played at UCCS: \_\_\_\_\_
2. List number of years Competed (used) in a Varsity Collegiate Sport: \_\_\_\_\_
3. Did you redshirt? \_\_\_\_\_ If yes, what academic year? \_\_\_\_\_
4. Did you receive a medical redshirt? \_\_\_\_\_ If yes, what academic year? \_\_\_\_\_



**\* 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

