

PERSONAL INFORMATION

Name: _____ PeopleSoft #: _____

Sport Club: _____ Phone/Cell: _____

Local Address: _____

Email Address: _____

Major: _____ Expected Graduation Date: _____

Classification: _____ Current GPA: _____

INSURANCE INFORMATION

I have personal health insurance: Y N Policy Number: _____

Insurance Company: _____ Insurance Phone: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____

Contact Number: _____

Office Use Only

SC Approval: _____ Date Received: _____
Signature

Participant Information Sheet: Y N Dues Paid: Y N \$ _____

Waiver: Y N Car Insurance: Y N Personal Insurance: Y N

Hazing Agreement: Y N Notes: _____

Points Awarded

Y or N
Updated

Initials