

ABC UNIVERSITY
RETURNING STUDENT-ATHLETE INFORMATION FORM
201__-1__ ACADEMIC YEAR

Name: _____ Date: _____

Sport: _____ Student ID/Social Sec Number: _____ Date of birth: _____

Gender: _____ International student: (circle one) YES NO

Ethnicity: (circle one) Alaskan/American Indian Asian/Pacific Islander Black Hispanic White Nonresident Alien

Other (please describe): _____

Housing: (circle one) On campus Off campus Drivers license number: _____ State: _____

Date entered ABC University (part time or full time): _____ Date entered any institution (part time or full time): _____

Local phone: () _____ Permanent phone: () _____ Cell phone: () _____

E-mail address: _____

Local address: _____

Permanent address: _____

City: _____ State: _____ Zip: _____
If different from permanent address

INSURANCE

What health insurance policies is the student-athlete covered under (circle one): Personal Parents Guardian None

FINANCIAL AID

Have you been awarded any new scholarship(s) for the upcoming year, **other than** athletics aid and institutional aid received from ABC University? (Circle one) Yes No If yes, please list new award(s) and amount(s):

Name of the award and awarding agency: _____ Amount: _____

Name of the award and awarding agency: _____ Amount: _____

AMATEURISM

1. Have you ever accepted a loan, payment of expenses (e.g., travel, lodging, meals) and/or agreed orally or in writing to be represented by an agent/professional sports organization? YES NO
2. Has anyone (other than your immediate or extended family) given you cash or gifts of value since becoming a student-athlete at ABC University? YES NO
3. Have you ever wagered a bet on a college or professional athletics contest(s)? YES NO

EMPLOYMENT INFORMATION

Do you plan to work in the 201__-1__ academic year? YES NO

Name of employer: _____ Dates of employment: _____

City/State: _____ Job title: _____

Job duties: _____

Salary: _____ How did you obtain this job? _____

Did anyone connected with ABC University athletics help you get this job? YES NO

If yes, who was it? _____

What did they do? _____

My employment falls in the following categories: Work-study Intern University Commercial Self

CAR REGISTRATION

Will you have use of a vehicle on- or off-campus this year? YES NO

If yes, please fill in: Year: _____ Make: _____ Model: _____

License plate number: _____ State: _____

Person(s) the car is registered to: _____

Did you purchase an ABC University parking permit: (circle one) YES NO

I understand the ABC University athletics compliance office will verify this car registration information through the university police department. By initialing here I consent and give my permission for this information to be disclosed to the compliance office by the university police during this academic year, 201__-1__.

Student-athlete's initials: _____ Date: _____

I certify that I have not received special discounts or financing while purchasing my personal vehicle due to my association with the athletics department.

Student-athlete's initials: _____ Date: _____

I, _____, authorize ABC University to use my name or picture to generally promote ABC University athletics events, activities or programs.

Student-athlete's signature: _____ Date: _____

PARTICIPATION RECORD at all collegiate institutions after high school (please use yes or no to indicate whether you practiced or competed).

Sport 1: _____

| | | | | |
|-------------|----------------|---------------|-----------|-------------|
| Fall_____ | Practiced_____ | Competed_____ | None_____ | School_____ |
| Spring_____ | Practiced_____ | Competed_____ | None_____ | School_____ |
| Fall_____ | Practiced_____ | Competed_____ | None_____ | School_____ |
| Spring_____ | Practiced_____ | Competed_____ | None_____ | School_____ |
| Fall_____ | Practiced_____ | Competed_____ | None_____ | School_____ |
| Spring_____ | Practiced_____ | Competed_____ | None_____ | School_____ |
| Fall_____ | Practiced_____ | Competed_____ | None_____ | School_____ |
| Spring_____ | Practiced_____ | Competed_____ | None_____ | School_____ |
| Fall_____ | Practiced_____ | Competed_____ | None_____ | School_____ |
| Spring_____ | Practiced_____ | Competed_____ | None_____ | School_____ |
| Fall_____ | Practiced_____ | Competed_____ | None_____ | School_____ |
| Spring_____ | Practiced_____ | Competed_____ | None_____ | School_____ |
| Fall_____ | Practiced_____ | Competed_____ | None_____ | School_____ |
| Spring_____ | Practiced_____ | Competed_____ | None_____ | School_____ |
| Fall_____ | Practiced_____ | Competed_____ | None_____ | School_____ |
| Spring_____ | Practiced_____ | Competed_____ | None_____ | School_____ |

Have you ever received a medical-hardship waiver for this sport? YES NO

If yes, what semesters/quarters: _____

Sport 2: _____

| | | | | |
|-------------|----------------|---------------|-----------|-------------|
| Fall_____ | Practiced_____ | Competed_____ | None_____ | School_____ |
| Spring_____ | Practiced_____ | Competed_____ | None_____ | School_____ |
| Fall_____ | Practiced_____ | Competed_____ | None_____ | School_____ |
| Spring_____ | Practiced_____ | Competed_____ | None_____ | School_____ |
| Fall_____ | Practiced_____ | Competed_____ | None_____ | School_____ |
| Spring_____ | Practiced_____ | Competed_____ | None_____ | School_____ |
| Fall_____ | Practiced_____ | Competed_____ | None_____ | School_____ |
| Spring_____ | Practiced_____ | Competed_____ | None_____ | School_____ |
| Fall_____ | Practiced_____ | Competed_____ | None_____ | School_____ |
| Spring_____ | Practiced_____ | Competed_____ | None_____ | School_____ |
| Fall_____ | Practiced_____ | Competed_____ | None_____ | School_____ |
| Spring_____ | Practiced_____ | Competed_____ | None_____ | School_____ |
| Fall_____ | Practiced_____ | Competed_____ | None_____ | School_____ |
| Spring_____ | Practiced_____ | Competed_____ | None_____ | School_____ |
| Fall_____ | Practiced_____ | Competed_____ | None_____ | School_____ |
| Spring_____ | Practiced_____ | Competed_____ | None_____ | School_____ |

Have you ever received a medical-hardship waiver for this sport? YES NO

If yes, what semesters/quarters: _____

I certify that my answers are complete and correct. I understand that ANY FALSE OR INCOMPLETE STATEMENTS IN THIS HISTORICAL FORM/REPORT MAY MAKE ME INELIGIBLE FOR INTERCOLLEGIATE ATHLETICS COMPETITION and/or any athletically related financial aid at ABC University. If any of the information I have supplied in this report changes during the year, I will notify the compliance office as soon as possible.

Student-athlete's signature: _____ Date: _____

DISCLAIMER: The information contained in this document is provided as a reference to member institutions and does not constitute binding advice on compliance with NCAA rules and bylaws. Any inquiries related to NCAA rules and bylaws should be directed to the NCAA academic and membership affairs staff. The most up-to-date information regarding NCAA Division II rules, bylaws and procedures can be found by accessing the information on LSDBi.

SAMPLE