



# STUDENT-ATHLETE REGISTRATION FORM

## University of California, Santa Cruz

This form must be filled out completely by all students participating in Intercollegiate Athletics before the first day of any organized team activity. Please fill in all information and **print clearly**.

### ESSENTIAL INFORMATION

**Name:** \_\_\_\_\_ **AIS Student ID:** W  
**Birthdate:** \_\_\_\_\_ **Please Circle:** Male Female **Yr in School:** FR SO JR SR GR  
**Email:** \_\_\_\_\_ **UCSC College:** \_\_\_\_\_ **Ethnicity:** (optional) \_\_\_\_\_  
**Cell #:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_  
**Do you live on campus:** YES NO **If you are living off campus:** Address: \_\_\_\_\_  
 City, State, & Zip: \_\_\_\_\_

**Current Insurance Company Name:** \_\_\_\_\_

### ATHLETIC PARTICIPATION Circle sport(s) which applies to planned participation

Basketball    Diving    Golf    Soccer    Swimming    Tennis    Volleyball    X-Country

### PLEASE LIST ANY OTHER YEARS AND SPORTS YOU PARTICIPATED IN AT UCSC NCAA ATHLETICS OR CLUB SPORTS.

Year	Sport	*= Did not Compete

### PREVIOUS EDUCATIONAL INSTITUTIONS NAMES AND ATHLETIC PARTICIPATION

	School Name	Sport	Year(s)
High School Name:			
Jr. College Name:			
Other College Name:			

This information is essential to verify your athletic eligibility at UC Santa Cruz. We verify enrollment and athletic participation at all previous institutions. Providing this information will facilitate the process and help avoid any delays in verifying your eligibility to participate at UC Santa Cruz.

### PERMANENT ADDRESS (PARENT/GUARDIAN)

### ALTERNATE ADDRESS

Name(s): _____	Name(s): _____
Address: _____	Address: _____
Phone #: _____	Phone #: _____
Email(s): _____	Email(s): _____
Lives with: (Please Circle)	Lives with: (Please Circle)
Mother    Father    Other: _____	Mother    Father    Other: _____

### Insurance Certification, Permission for Treatment, and Participation Release:

My signature below indicates that the above insurance company will pay for medical expenses incurred as a result of participation in the intercollegiate athletics program. I understand this insurance information must be completely and accurately provided and on file with the Athletics Department before the above named athlete will be allowed to participate on any team. I further understand that any medical expenses resulting from an accidental injury while participating in a scheduled university athletic activity will not be paid under the accidental insurance policy carried by UCSC until any existing policy I have covering these expenses is exhausted. I also understand that failure to report injuries to university athletic medical personnel or to meet scheduled medical appointments may void university responsibility for medical expenses resulting from athletic injuries. I hereby grant permission to the Athletic Trainer, the Team Physicians at UCSC and those professional personnel designated by them to treat the above named student-athlete in the event of an athletic injury. In the event of a serious injury and if unable to consult me, this consent is to included any and all emergency procedures deemed necessary by the attending physician. I understand that there are risks and dangers inherent to participating in intercollegiate athletics at UC Santa Cruz and hereby give up my rights to hold the regents of University of California, its officers, agents and employees liable for any injury or damage which I may suffer.

\_\_\_\_\_ Student-Athlete Signature      \_\_\_\_\_ Date      \_\_\_\_\_ Parent/Guardian Signature (If under 18 years)      \_\_\_\_\_ Date

**Please keep a copy of these documents for your records.**