

UC Santa Cruz Athletics

Student-Athlete Registration Form 2007-08

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, OR correct/update any information that is not accurate.

Essential Information (please print)

Male Female

NAME _____

AIS StudentID **W** _____

Birthdate _____ **Ht** - **Wt** _____

Yr. in School FR SO JR SR GR

UCSC College _____ **Box** _____

E-mail _____

Ph # _____ **Cell #** _____

Meal Plan in Dining Halls? Yes No

If you live off-campus:

Address _____

City & Zip Code _____

Changes/Updates

Athletic Participation

Check sport(s) which applies to planned participation:

<input type="checkbox"/> Baseball	<input type="checkbox"/> Diving	<input type="checkbox"/> Sailing	<input type="checkbox"/> Ultimate
<input type="checkbox"/> Basketball	<input type="checkbox"/> Golf	<input type="checkbox"/> Soccer	<input type="checkbox"/> Volleyball
<input type="checkbox"/> Cheerleading	<input type="checkbox"/> Lacrosse	<input type="checkbox"/> Swimming	<input type="checkbox"/> Water Polo
<input type="checkbox"/> Cycling	<input type="checkbox"/> Rugby	<input type="checkbox"/> Tennis	<input type="checkbox"/> X-Country

Please add any UCSC years/teams which are not listed:

Season	Year	Sport	* = Did not compete

Permanent Home Address (Parent/Guardian):

Primary Parent/Guardian Name(s):

Name(s) _____

Address _____

Phone _____

Live With: Mother Father Other: _____

PREVIOUS EDUCATIONAL INSTITUTIONS and ATHLETIC PARTICIPATION: For any Junior College or 4-year college (other than UCSC), fill in appropriate information.

High School	Sport(s)	# Year(s)
	N/A	N/A
Jr College		
Other College		

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

Alternate Address:

Other Parent/Guardian Name(s), if separate:

Name(s) _____

Address _____

Phone _____

Live With: Mother Father Other: _____

Medical Clearance (REQUIRED):

Date of Last Physical on File: _____	Update Turned In: _____
<p><i>If no date appears, we do not have a physical on file from you. You are NOT eligible to participate (TRYOUTS or PRACTICE) until we have a physical. If we do not have a physical on file, a UCSC Sports Medicine Physical Form has been included with this form.</i></p>	

Insurance Information (REQUIRED)

Company _____

Name on Policy _____

Group # _____

ID # _____

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 accident 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 athletic injury. In the event of a serious injury and if unable to consult me, this consent is to include 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 the 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
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