

STUDENT CLUB-SPORT ATHLETE INFORMATION FORM

Name: _____

Circle: Male/Female Undergrad/Grad

NYU ID #: _____

E-mail: _____

Date of Birth: _____

Local Address: _____

Local Phone: _____

Permanent Address: _____

Permanent Phone: _____

Emergency Contact Information

Parent/Guardian Name: _____

Phone: _____

Club Sport: _____

Athletic Participation History

H.S. Name: _____

H.S. Graduation Date: _____

College Name: _____

Sports and years of participation: _____

Graduate school name: _____

Sports and years of participation: _____

Came to NYU as: Freshman / Transfer

Date of First Semester at NYU: _____

School: _____ Major: _____

Year: _____ Total Years in College: _____

Expected NYU graduation Date: _____

Are you currently registered? Yes / No

If yes, number of credits: _____

I certify that the information provided above is accurate and complete, and that I believe that I am eligible to compete as an amateur for New York University Athletics. I understand that the Department of Athletics and its agents will be soliciting academic information from the Recording Office and my professors to determine my eligibility for intercollegiate participation. I understand that all information will be held confidential.

Signature _____ Date _____