

**Brock University - Department of Athletics
Athlete Personal Data Sheet – 2005-2006**

PLEASE PRINT CLEARLY, AND ENSURE ALL INFORMATION IS ACCURATE. PLEASE NOTE THE RELEASE FORMS ON THE REVERSE PAGE, WHICH MUST BE SIGNED BEFORE YOU CAN PARTICIPATE IN ANY TEAM COMPETITION.

Sport _____ Student ID # _____ [] M [] F
First Name _____ Last Name _____ Initials _____
Position Played _____ Height (ft/in) _____ Weight (lbs) _____

UNIVERSITY ELIGIBILITY [5 YEARS MAXIMUM FOR ALL SPORTS COMBINED]

CURRENT YEAR OF ELIGIBILITY AT THE UNIVERSITY LEVEL (INCLUDE this year) [circle one] 1 2 3 4 5

DO NOT INCLUDE CLUB OR HIGH SCHOOL YEARS IN ABOVE.

Please make sure your years of eligibility are ACCURATE as they are required by the OUA and/or CIS for eligibility as well as for potential awards.

HOW MANY OF THE ABOVE YEARS HAVE BEEN PLAYED AT BROCK (including this year)? _____

Date of Birth _____ / _____ / _____
Year Month Day

Current Course Program _____ Current Yr of Study [circle one] 1 2 3 4 5

Hometown _____ Province _____

Please indicate the last team you participated with, and the date of your last competition.

Please indicate all previous post-secondary institutions you have attended and in what years (inclusive of CEGEP, college, etc.)

Please indicate all previous (semi) professional teams you have participated with and in what years.

Hometown _____ Province _____

Brock Address _____

City _____ Postal Code _____

Phone _____ E-Mail _____

Permanent (Home) Address _____

City _____ Postal Code _____

Phone _____ E-Mail _____

In case of emergency contact _____ **Phone** _____

High School Attended _____

Hometown Newspaper (one only please) _____

Notable Achievements Athletic (incl. awards received)

Notable Achievements Academic (incl. awards received)

Use reverse if more space required

continued on reverse...

Addition information on achievements

Athletic

Academic



NOTE THIS SECTION MUST BE COMPLETED IN ORDER TO COMPETE

PLEASE READ CAREFULLY: 1) THE AUTHORIZATION TO RELEASE MARKS; 2) OUT-OF-COUNTRY MEDICAL WAIVER; 3) THE TRAVEL WAIVER, AND 4) PRIVACY CLAUSE BELOW THEN SIGN (MUST BE 18 YEARS OF AGE OR REQUIRE SIGNATURE OF PARENT/GUARDIAN). IF YOU HAVE ANY QUESTIONS OR CONCERNS ABOUT ANY OF THESE ITEMS, PLEASE SEE THE DIRECTOR OF ATHLETICS IN ROOM 213 OF THE WALKER COMPLEX.

I _____ have read, and agree to the following:
(please print name clearly)

AUTHORIZATION TO RELEASE MARKS

I authorize the Office of the Registrar to hereby release information in regard to my program of study, including: grades, averages, and registration status during the 2005-2006 year, to the Director of Athletics.

OUT OF COUNTRY MEDICAL WAIVER

I acknowledge that I am aware OHIP may not cover my medical or hospital costs if I am hurt or injured outside of Canada, and that I am solely responsible for any costs incurred in the event I require such service, and that Brock University assumes no responsibility. I also acknowledge that I have been advised to obtain private travel insurance to cover such risks

TRAVEL WAIVER

In the event that I choose not to travel with the team on the transportation provided for a Brock University sponsored athletic event, I will assume full responsibility for my decision and release and hold Brock University harmless from all liability, for any injury or damage to person or property howsoever caused. It is understood that alternate transportation is only for myself and not other members of the team.

PRIVACY CLAUSE

Brock University is committed to maintaining the privacy of personal information collected. By signing this clause, you acknowledge that personal information collected may be used by the Department of Athletics to meet the needs of the program engaged for. Further, the information collected may be used for mailing list purposes by the Department of Athletics.

Signature _____ Date _____

RETURN THIS FORM TO MARILOU IUSI, IN WC213D OR SANDIE HUFFMAN IN WC213C – AT LEAST THREE DAYS BEFORE TO YOUR FIRST ATHLETIC EVENT AS ELIGIBILITY MUST BE CONFIRMED PRIOR TO PLAY.

For Office Use Only

Date Received _____ [] Recorded on mainframe [] Recorded on database