

SHORELINE DOLPHIN ATHLETICS

STUDENT-ATHLETE CONTACT INFORMATION

	Student ID#:	
Sport(s):	Year (Fr. or So.) D	Date of Birth:
High School/City:	Grad D	ate:
Present Address:	City:	
State: Zip	Code:	
Email Address:	Cell Phone:	
Parent or Guardian Name(s):		
Permanent Address:		City:
State: Zip	Code: Home Phone:	
Emergency Contact:		
Home Phone:	Cell Phone:	
DO NOT FILL OUT BELOW LINE, FOR ADMINISTRATIVE USE ONLY		
		Student-Athlete Form Checklist
Shoreline CC Student-At	hlete Contact Information	
NWAC Athletic Recruiting Disclaimer/Athletic Questionnaire		
Shoreline CC - NWAC Eli	gibility Rules	
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Shoreline CC Student-At	hlete Travel Consent	
Shoreline CC Student-At	hlete Travel Consent rticipation Medical Release	
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☐ Shoreline CC Student-Athlete Physical Examination Form