

# Lynchburg College Sports Information

## 2009-10 Student-Athlete Questionnaire

Date \_\_\_\_\_

Sport \_\_\_\_\_

*Note to all student-athletes: This form must be completed in its entirety and signed before you can compete in any varsity intercollegiate athletic event. One form must be on file each academic year no matter how many seasons you have played. If you play more than one sport in a particular year, there is no need to fill out an additional form.*

*(Please, print neatly)*

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name/Initial \_\_\_\_\_

Name as it should appear on roster (i.e., John Doe) \_\_\_\_\_

Hometown Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code (9-digit, if available) \_\_\_\_\_

LC Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Height \_\_\_\_\_ Weight (males only) \_\_\_\_\_ Birth Date (mm/dd/yy) \_\_\_\_\_ Birth Place (city, state) \_\_\_\_\_

Academic Classification (Fr./So./Jr./Sr.) \_\_\_\_\_ Athletic Classification (Fr./So./Jr./Sr.) \_\_\_\_\_

Position(s) \_\_\_\_\_ Dominant Hand (circle one): Right Left

LC major(s) \_\_\_\_\_ LC minor(s) \_\_\_\_\_

Hometown Newspaper(s) (please include location as well as address and phone number, if available)

Other Sports You Play at LC \_\_\_\_\_

LC Academic Honors \_\_\_\_\_

Other Activities at LC (student trainer, organizations, etc.) \_\_\_\_\_

## Family Information

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Spouse (if different than below) \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code (9-digit, if available) \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Spouse (if different than above) \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code (9-digit, if available) \_\_\_\_\_

Number of Brothers \_\_\_\_\_ Number of Sisters \_\_\_\_\_

List any relatives that played college or professional sports (name, relationship, team, sport, years)

(over)

## High School Information

High School \_\_\_\_\_ Location (City, State) \_\_\_\_\_

School Mascot \_\_\_\_\_ Coach's Name \_\_\_\_\_

Date of Graduation \_\_\_\_\_ Letters Won \_\_\_\_\_ Years as Starter \_\_\_\_\_

Individual Honors

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Senior Statistics \_\_\_\_\_

Career Statistics \_\_\_\_\_

Team Accomplishments (include record and year)

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District or Conference \_\_\_\_\_

Other Sports Played (letters won) \_\_\_\_\_

Individual Honors in Other Sports

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Academic Honors

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## For Transfers Only

Previous College \_\_\_\_\_ Location (City, State) \_\_\_\_\_

Degree Earned (if applicable) \_\_\_\_\_ Date of Graduation \_\_\_\_\_

School Mascot \_\_\_\_\_ Coach's Name \_\_\_\_\_

Position \_\_\_\_\_ Letters Won \_\_\_\_\_ Years as Starter \_\_\_\_\_

Individual Honors \_\_\_\_\_

Statistics \_\_\_\_\_

Team Accomplishments (include record and year)

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## Statement of Consent

I acknowledge that all information on this form is true, and I give my consent that any information on this form can be released to the public along with photographs and any information concerning my athletic achievements and/or academic successes, including GPA when appropriate, at Lynchburg College.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Due to Health Insurance Portability and Accountability Act (HIPAA), the sports information office is not permitted to release injury information on any athlete without that athlete's permission. If you wish to allow sports information to pass along sports related injury information to any interested parties, please sign the form below (i.e., we can't say you have a sprained ankle and will be out two weeks without your permission).

Signature \_\_\_\_\_ Date \_\_\_\_\_