Flagler College Athletics

STUDENT-ATHLETE INFORMATION

Name:_____ **Sport:**_____ **SS#:**_____

(Please Circle One):
Status: FR SO JU SR New Student-Athlete Returning Student-Athlete

Name of Parent(s)/Guardian(s):_____

Permanent Address: _____

Home Phone #: _____ **Cell Phone #:** _____

Date of Birth:_____ **HS Grad Date:** _____

On-Campus Resident: Yes _____ **No (Please fill out OFF CAMPUS section below)**
Dorm Room #

Ethnicity: White Black Hispanic Other_____

OFF-CAMPUS ONLY STUDENTS ONLY

Name of Landlord or Apartment Complex: _____

Address: _____

List Roommates:_____

Local Phone #: _____ **Amount of rent / person?** _____

EMERGENCY CONTACT INFORMATION

Name(s):_____ **Relationship:**_____

Address:_____

Home #:_____ **Work #:**_____ **Cell #:**_____