



University of Guam Varsity Athletics and Field House

## Student-Athlete Registration Form

Today's Date: \_\_\_\_\_ Sport: \_\_\_\_\_ Uniform Size: \_\_\_\_\_ Jersey Numbers: \_\_\_\_\_

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

UOG/GCC Student ID: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Village: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Number: \_\_\_\_\_ Mobile: \_\_\_\_\_

High School Name: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

- **Please Circle Academic Status at UOG or GCC:** Freshman Sophomore Junior Senior Graduate
- **Please list collegiate student-athlete experiences, including UOG, and years played. If none, leave it blank. If you are transferring from another college, please indicate which college you attended.**

College: \_\_\_\_\_ Years Played: \_\_\_\_\_

College: \_\_\_\_\_ Years Played: \_\_\_\_\_

College: \_\_\_\_\_ Years Played: \_\_\_\_\_

Current/Active Health Insurance Company (if none, please indicate none): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Contact Number: \_\_\_\_\_

- I am a current student at: ☐ UOG ☐ GCC
- If YES, is your current GPA at UOG at least a 2.0? ☐ Yes ☐ No
- Fall semester will be my first semester at UOG or GCC? ☐ Yes ☐ No
- I will be registered for at least 12 credits for: ☐ Fall Semester 2023 ☐ Spring Semester 2024

### Please Initial Below:

\_\_\_\_\_ Physicals are required of all student-athletes. I understand that I must submit an updated physical to the Athletic Director before participating in any UOG Triton Athletics practice or competition. New student-athlete physical forms must be signed and dated after July 1<sup>st</sup>, 2023.

\_\_\_\_\_ Currently I am healthy and have no known injuries at the beginning of tryouts. I understand that I will waive my rights to claim any injury occurred as the fault of Triton Athletics and Field House Department, the Varsity Sports Program(s) I am trying out for, or the University of Guam during this tryout period and any additional practice or outside competition that I am involved in. If I do have a prior injury, it affected this part of my body \_\_\_\_\_ and I have been cleared by a doctor.

\_\_\_\_\_ I waive one week of regular practice without a physical but cannot practice after 7 days of regular practice.

\_\_\_\_\_ I received a copy of the UOG Athletic Rules and Regulations when filling out this form and have read or will read what is necessary to play after the try-out period is over and prior to the beginning of regular practice.

\_\_\_\_\_ I give permission for UOG to use and release my academic records for eligibility purposes and academic honor rolls or teams.

\_\_\_\_\_ I give permission for the use of my picture(s) and roster information in the UOG Athletic settings to be published by the University on its website, social media and other media associated with UOG.

I hereby certify that the above statements are true and correct to the best of my knowledge. I understand that a false statement may disqualify me from participating in the University of Guam Varsity Athletics.

\_\_\_\_\_  
Student-Athlete Signature

\_\_\_\_\_  
Date