

Club: _____
(select club)



APPENDIX F CLUB SPORTS PARTICIPANT INFORMATION SHEET

Please Print

Name: _____

Student ID Number: @_____ Date of Birth: _____(MM/DD/YYYY)

E-mail: _____

Cell Phone: _____

Local Phone: _____

Local Address: (San Antonio) _____

City: _____ Zip Code: _____

Hometown: _____

Classification: Fr So Jr Sr Gr

Health Insurance Company: _____

Group Identification #: _____ Phone: _____

***** PLEASE BRING A COPY OF HEALTH INSURANCE CARD & UTSA STUDENT ID TO
NEXT PRACTICE *****