

PERSONAL INFORMATION

Name: _____ Gender: ☐ M ☐ F (Please select one)

COM ID#: _____ Phone Number: _____

COM E-mail: _____ @com.edu

Home Address: _____

Career Pathway: _____

Current GPA: _____ Expected Graduation: _____

Shirt Size: XS S M L XL 2XL 3XL

Please select a Club Sport you would like to participate in:

☐ Club Soccer ☐ Club Basketball ☐ Club Volleyball ☐ Club Basketball

Position of interest: _____

EMERGENCY CONTACT

Name: _____

Relation: _____

Phone Number: _____

OFFICE USE ONLY

Student Specialist Approval: _____	Signature	Date Received: ____/____/____
Participant Information Form: _____	Y N	Date Received: ____/____/____
Waiver of Liability and Harmless Agreement: _____	Y N	Date Received: ____/____/____
Campus Clarity: _____	Y N	Date Completed: ____/____/____

Santiago Guerrero
Student Life Specialist, Student Life Department
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409-933-8190

