

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 Flag Football
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
 1200 Amburn Rd., Texas City, TX 77591
 409-933-8190

