



**HIGHLAND COMMUNITY COLLEGE**

# STUDENT ATHLETE QUESTIONNAIRE

Please Print Clearly  
Fill Out Completely

**SPORT** \_\_\_\_\_ **TODAY'S DATE** \_\_\_\_/\_\_\_\_/\_\_\_\_

**DATE OF BIRTH** \_\_\_\_/\_\_\_\_/\_\_\_\_ **HIGHLAND ID 9000** \_\_\_\_\_

**NAME** \_\_\_\_\_  
First Last MI

**PARENTS** \_\_\_\_\_  
(Father: First/Last Name) (Mother: First/Last Name)

**HOME ADDRESS** \_\_\_\_\_  
City St Zip

**CURRENT ADDRESS (If different from home address)**  
\_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**CELL PHONE** (\_\_\_\_) \_\_\_\_\_ **HOME PHONE** (\_\_\_\_) \_\_\_\_\_

**HIGH SCHOOL** \_\_\_\_\_ **GRADUATION DATE** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month/Year

**\*Please contact the Athletic Department if information changes**

## COLLEGE TRANSFER STUDENTS ONLY (An official college transcript must be sent to Highland College)

Name of College Transferred From \_\_\_\_\_

Enrollment Dates \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Participated in Sports  Yes  No

### OFFICE USE ONLY

INSURANCE FORM  PHYSICAL EXAM (month/year) \_\_\_\_/\_\_\_\_

HIGH SCHOOL TRANSCRIPT  COLLEGE TRANSCRIPT

LETTER OF INTENT  Yes  No