



## FVTC Competitive Athletics Athlete Checklist

<b>Last Name:</b>	<b>First Name:</b>	<b>Middle:</b>
<b>Student ID:</b>	<b>Program:</b>	
<b>Phone Number:</b>	<b>Home Town:</b>	
<b>Email Address:</b>	<b>High School:</b>	

\_\_ Unofficial transcript of prior post-secondary classes

\_\_ Class Schedule with all instructor names

\_\_ Proof of Health Insurance – (copy of insurance card)

### **Online Forms:**

\_\_ Athlete Checklist

\_\_ Medical Evaluation Form (a physical must be completed each season).

\_\_ Athlete Information Sheet/Risk Sports Release

\_\_ Proof of Eligibility Affidavit

\_\_ Waiver of Liability and Hold Harmless Agreement

\_\_ Release and Consent for Audiovisual Production

\_\_ Consent of Release for Confidential Information

### **Will be handed out after team selection:**

\_\_ Uniform Agreement Form

\_\_ Signed Athlete Agreement Form