



**Catawba
Valley**

COMMUNITY COLLEGE

CVCC Athletic Eligibility

Name: _____ SS#: XXX-XX-____ Birth Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone #: _____ Cell Phone #: _____

Email address: _____

Most Recent
High School: _____ City: _____ State: _____

Circle one: high school graduate GED High School Equivalency Diploma

Month and year of HS graduation: _____

Date of last physical examination- _____ (CVCC Athletic Department will need a copy of your doctor's clearance before you can participate in athletics)

Have you previously attended CVCC? _____ Have you participated in intercollegiate athletics at
CVCC? _____ What sport? _____ Number of seasons: _____
When did you participate? _____

Have you requested your high school transcripts be sent to CVCC Student Records? _____
(CVCC Athletic Department will need a copy of these transcripts before you can participate in regulation games)

Have you attended another college (s) prior to CVCC? _____

Name of other college (s): _____

Date (s) of attendance: _____ to _____

Does CVCC have a copy of your transcripts from that college (s)? _____ (CVCC Athletic Department will need a copy of all transcripts before you can participate in regulation games)

Did you participate in a regulation intercollegiate game at that other College? _____ Sport: _____

Number of seasons participated: _____