



## Intercollegiate Athletics Student-Athlete Eligibility Forms

Name: \_\_\_\_\_

Sport: \_\_\_\_\_

Year: 20\_\_\_\_ - 20\_\_\_\_

Signature: \_\_\_\_\_

*\*\*A condition of participating in athletics at UW Fox Valley, is requiring each athlete to complete the following eligibility/liability/medical forms\*\**

***\*\*Please complete all forms and return this packet to your head coach or Glen Orsburn, Athletic Director, before your first scheduled practice\*\****