|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Out-of-State  Student Contact Record | | | | | | | Form C | | |
| This form shall be completed by all student athletes who are from outside the State of California.  Directions:  A. Have each out-of-state student complete this form at the time of, or as soon as possible, following first contact. Exception: Colleges with out-of-state recruiting waivers are exempt from this policy.  B. When the student enrolls at your college, attach this Form C to the college’s copy of the eligibility Form 1 for first-contact verification. | | | | | | | | | | |
| To be completed by the student athlete:  (Please type or print) | | | | | | | | | | |
|  | | |  |  |  |  |  | |  | |
| Name | | |  | Phone Number |  | Date of Birth |  | | Today’s Date | |
|  | | | | | | | | | | |
| Your Current Address: Street, City, State, Zip Code | | | | | | | | | | |
|  | | | | |  |  | | | | |
| High School of Last Attendance | | | | |  | Date of Last Attendance | | | | |
|  | | | | | | | | | | |
| High School Address: Street, City, State, Zip Code | | | | | | | | | | |
|  | | |  |  | | | | | | |
| List your sport (s) | | |  | List the community college(s) you would normally attend | | | | | | |
| I hereby certify that I made the first contact with: | | | | | | | | | | |
|  | | | | | | | | | | College |
| and that I have chosen this college without prior contact by members of the staff or persons representing the college. I understand that any misinformation will result in loss of eligibility and forfeiture of contests. | | | | | | | | | | |
|  | |  | | | | |  | |  | |
|  | | ***Signature*** | | | | |  | | Date | |
| Athletic Director: Please keep on file at your campus. | | | | | | | | | (7/1/14) | |