

**XAVIER UNIVERSITY  
RECREATIONAL SPORTS DEPARTMENT  
CLUB SPORT INFORMATION SHEET**

*PLEASE PRINT*

NAME \_\_\_\_\_ DATE: \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

LOCAL ADDRESS \_\_\_\_\_ STUDENT ID# \_\_\_\_\_

ACADEMIC STANDING:

FRESHMAN\_\_ SOPHOMORE\_\_

JUNIOR\_\_ SENIOR\_\_

LOCAL PHONE \_\_\_\_\_ GRADUATE\_\_ STAFF\_\_

CLUB SPORT(S) YOU PLAN TO PARTICIPATE IN: \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_

PARENT/GUARDIAN ADDRESS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PARENT/GUARDIAN PHONE (INCLUDE AREA CODE) \_\_\_\_\_

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**FOR OFFICE USE ONLY**

LIABILITY WAIVER-SIGNED \_\_\_\_\_ MEDICAL HISTORY \_\_\_\_\_ PHYSICAL EXAM \_\_\_\_\_

DATE SUBMITTED: \_\_\_\_\_