

**UNIVERSITY OF CONNECTICUT ~ DIVISION OF ATHLETICS
RETURNING STUDENT-ATHLETE REPORT FORM**

ACADEMIC YEAR ~ 2001-2002

Sport: _____ Date: _____ Soc. Sec. #: _____ Date of Birth: _____

Name (First, MI, Last): _____ Housing: (circle one) on-campus off-campus

Date Entered UConn: _____ Date Entered **Any** College (full-time): _____

Local Phone: _____ Dorm: _____ Room #: _____ E-Mail: _____

Local Address: _____
(street) (city, state, zip)

Permanent Address: _____
(street) (city) (state) (zip)

Ethnic Background: Asian/Pacific Islander _____ Black _____ Hispanic _____ Native/Alaskan _____
(optional) Non-Resident Alien _____ White _____ Other _____

PARENT/GUARDIAN INFORMATION

#1 Parent(s)/Guardian(s) Name(s): _____ Relationship: _____

Home Phone: () _____ Work Phone: () _____ Other Phone: () _____

Address: _____
(if different from permanent address) (street) (city) (state) (zip)

#2 Parent(s)/Guardian(s) Name(s): _____ Relationship: _____

Home Phone: () _____ Work Phone: () _____ Other Phone: () _____

Address: _____
(if different from permanent address) (street) (city) (state) (zip)

PARTICIPATION RECORD (please use yes or no to indicate whether you practiced or competed)

Sport 1: _____	1997-1998	Practiced _____	Competed _____	None _____
	1998-1999	Practiced _____	Competed _____	None _____
	1999-2000	Practiced _____	Competed _____	None _____
	2000-2001	Practiced _____	Competed _____	None _____

Sport 2: _____ (If applicable)	1997-1998	Practiced _____	Competed _____	None _____
	1998-1999	Practiced _____	Competed _____	None _____
	1999-2000	Practiced _____	Competed _____	None _____
	2000-2001	Practiced _____	Competed _____	None _____

Sport 3: _____ (If applicable)	1997-1998	Practiced _____	Competed _____	None _____
	1998-1999	Practiced _____	Competed _____	None _____
	1999-2000	Practiced _____	Competed _____	None _____
	2000-2001	Practiced _____	Competed _____	None _____

Have you ever received a medical hardship waiver? Yes No

If "yes", for what year and what sport? _____

INSURANCE

What health insurance are you covered under? (circle one) School Insurance Parent(s)/Guardian(s) Insurance

FINANCIAL AID

Have you been awarded any new scholarship(s) for the upcoming year, **other than** athletics aid and need-based aid received from UConn? (circle one) Yes No If "yes", please list new award(s) and amount(s):

Name of Award: _____ Amount: \$ _____

Name of Award: _____ Amount: \$ _____

AMATEURISM

1. Have you ever accepted a loan, payment or expenses (i.e., travel, lodging, meals) and/or agreed orally or in writing to be represented by an agent/professional sports organization? Yes No
2. Has anyone (other than your immediate or extended family) given you cash or gifts of value since signing with UConn? Yes No
3. Have you ever wagered a bet on a college or professional athletic contest(s)? Yes No
4. Do you have an elite athlete disability policy? Yes No
5. Have you ever received educational expenses to cover the cost of high school/prep school from anyone other than an immediate family member? Yes No

EMPLOYMENT INFORMATION

Were you employed during summer 2001? Yes No

If "yes": Name of Employer: _____ Dates of Employment: _____ to _____

City/State: _____ Job Title: _____

Salary: _____ How did you obtain this job?: _____

Do you plan on working during the 2001-2002 academic year? Yes No

If "Yes", which of the following will be used? (circle one) Work-Study Student Labor

***If YES, you **MUST** stop by the Compliance Office to complete the NCAA required forms and get permission from your coach, CPIA and the Compliance Coordinator. If you fail to notify the Compliance Office and complete the NCAA mandated forms, you could become ineligible for participation in intercollegiate athletics. Even if you would like to work, but don't have a job lined up, you should start the process.

CAR REGISTRATION

Will you have use of a vehicle either on- or off-campus this year? Yes No If Yes, please indicate the following:

Year: _____ Make: _____ Model: _____

License plate number: _____ State registered: _____

Person(s) the car is registered under: _____ Parking Lot it will be parked in? _____

I certify that my answers are complete and correct. I understand that any false or incomplete statements in this historical report may make me ineligible for intercollegiate athletic competition and/or any athletically related financial aid at UConn. If any of the information I have supplied in this report changes during the year, I will notify the Compliance Office as soon as possible.

Signature: _____ Date: _____