



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 Pam Massey, Athletic Director before your first scheduled practice*****