

BUCKS COUNTY COMMUNITY COLLEGE  
ATHLETIC ELIGIBILITY FORM

**Instructions:** All information must be completed where applicable to the student including detailed information of dates by month and year. If information lines do NOT apply to you please answer N/A or none. This form will not be accepted with blank lines or without a signature and date by student. Do you full understand that the rules and various associations under which Bucks Co Comm College conducts it's athletic programs has the right to declare any student entering false information or conceals information required by this form to be ineligible for further competition? You further understand that such falsification or omission of the information required to declare your status as a participant in the sport you have listed on this form will give Bucks Co Comm College the right to declare you ineligible for any sport you may wish to participant in at this college.

Yes \_\_\_ No \_\_\_ (check one) Student Initials \_\_\_\_\_ Date \_\_\_\_\_ Date of Birth \_\_\_\_\_

Last: \_\_\_\_\_, First \_\_\_\_\_, Soc Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Sport: \_\_\_\_\_

Fall \_\_\_/Spring \_\_\_ (yr) Student # \_\_\_\_\_ Freshman \_\_\_ or Sophomore \_\_\_ # of full time semesters in college \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Cell phone # \_\_\_\_\_ email address \_\_\_\_\_

# of credits you are taking this semester \_\_\_\_\_ #of Collegiate seasons you have played this sport including this one \_\_\_\_\_

Major: \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Position you plan to play in this sport \_\_\_\_\_

High school you attended \_\_\_\_\_ State (if NOT Pa.) \_\_\_\_\_ Month/Year of graduation \_\_\_/\_\_\_

Did you come directly to Bucks Co Comm College after high school graduation \_\_\_\_\_ (If NO) Did you attend another college \_\_\_\_\_ (If Yes)

College Name: \_\_\_\_\_ Did you play a sport at this college \_\_\_\_\_ (If Yes) What sport(s) \_\_\_\_\_ # of semesters \_\_\_\_\_

# of full time semesters you attended this college \_\_\_\_\_ Dates of attendance \_\_\_/\_\_\_ to \_\_\_/\_\_\_

*If you attended another college prior to this semester at Bucks CCC, this office must have a copy of your transcript and a letter from the athletic director of the college you attended verifying your sports participation a minimum of three working days prior to playing in any match or game for Bucks.*

You must have a physical form from a doctor prior to being listed on any eligibility form or being allowed to play an sport at Bucks. Your physical is good for the current academic year only. August to May of the current school year is an academic year.

**If you did NOT enroll Full Time &/or Remain full time at Bucks Co Comm College immediately after graduation from high school you must give a detailed description of your activities by Month and Year until you enrolled full time at Bucks. This information relates to work,**

Month/Year  
(Began)

Month/Year  
(Ended)

Employer/College

City/State

Full or Part Time

_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Have you ever served in a branch of Military? Yes \_\_\_ No \_\_\_ Branch \_\_\_\_\_ Date of service \_\_\_\_\_ to \_\_\_\_\_  
A copy of your discharge papers (DD214) is required prior to participation.

Have you ever played or signed a contract with a professional athletic organization? Yes \_\_\_ No \_\_\_

Have you ever received prize money, pay, financial gain for participation in an athletic skill? Yes \_\_\_ No \_\_\_

Have you ever participated in an athletic skill under an assumed name? Yes \_\_\_ No \_\_\_

I, the undersigned student declare that the information contained in this document is true and complete. I give Bucks Co Comm College permission to release the required information in my records to establish my playing eligibility.

Date: \_\_\_\_\_ Student Name Printed \_\_\_\_\_ Student Signature \_\_\_\_\_

As the coach of the above signed student I have reviewed the information given in this document and find it to be true and factual to the best of my knowledge:

Date: \_\_\_\_\_ Coach's Name Printed \_\_\_\_\_ Coach's Signature \_\_\_\_\_