

Houston Club Sports Conference Team Roster and Player Verification Form: Soccer Fall 2019

University/College Name: _____	Division: _____	Men's
Rec Sports Dir or Equivalent: _____	Check One	
Phone Number: _____		Women's
Email Address: _____		

By signing this statement of eligibility I certify to the best of my knowledge that the student information in columns 1 - 5 below is accurate. Furthermore, I am fully aware of the HCSC eligibilty rules and I agree to have this team fully abide by them to the best of my ability.

Signature of Recreational Sports Director or Equivalent

To Be Completed by Rec Sports Director or Equivalent Fall 2019 Semester					Student Player Signature	To Be Completed by Registrar Fall 2019 Semester		
1. Jersey Num- bers in Ascend- ing Order	2. Student Player's First Name and Last Name MUST BE TYPED	3. Student ID# MUST BE TYPED	4. Former Pro- fessional Soccer Player? Circle One	5. Listed on a HCSC, NIRSA or college varsity roster for more than six years? Circle One	6. I consent to the university/college registrar verification of my current enrollment and G.P.A. status in order to compete in the HCSC. I consent to release name, jersey number, ID number and photographic images to HCSC in order to post on its website for informational and promotional purposes.	7. UG or GR? Circle One	8. Number of credit hours currently enrolled?	9. Currently has a minimum 2.0 cumulative G.P.A. at this institution or is a new student with no G.P.A. yet at this institution. Circle Yes or No
1			Yes/No	Yes/No		UG/GR		Yes/No
2			Yes/No	Yes/No		UG/GR		Yes/No
3			Yes/No	Yes/No		UG/GR		Yes/No
4			Yes/No	Yes/No		UG/GR		Yes/No
5			Yes/No	Yes/No		UG/GR		Yes/No
6			Yes/No	Yes/No		UG/GR		Yes/No
7			Yes/No	Yes/No		UG/GR		Yes/No
8			Yes/No	Yes/No		UG/GR		Yes/No
9			Yes/No	Yes/No		UG/GR		Yes/No
10			Yes/No	Yes/No		UG/GR		Yes/No
11			Yes/No	Yes/No		UG/GR		Yes/No
12			Yes/No	Yes/No		UG/GR		Yes/No
13			Yes/No	Yes/No		UG/GR		Yes/No
14			Yes/No	Yes/No		UG/GR		Yes/No
15			Yes/No	Yes/No		UG/GR		Yes/No
16			Yes/No	Yes/No		UG/GR		Yes/No
17			Yes/No	Yes/No		UG/GR		Yes/No
18			Yes/No	Yes/No		UG/GR		Yes/No
19			Yes/No	Yes/No		UG/GR		Yes/No
20			Yes/No	Yes/No		UG/GR		Yes/No
21			Yes/No	Yes/No		UG/GR		Yes/No
22			Yes/No	Yes/No		UG/GR		Yes/No
23			Yes/No	Yes/No		UG/GR		Yes/No
24			Yes/No	Yes/No		UG/GR		Yes/No
25			Yes/No	Yes/No		UG/GR		Yes/No

To be completed by Registrar's Office

By drawing a line under the last student player verified I certify that the _____ (number) of students listed above are currently enrolled for the listed number of credit hours and have a minimum 2.0 cumulative G.P.A. at this institution. (Please place your institution's seal of certification in the box to the right in order to validate columns 7-9 on this form.)	Place institution's seal here
Signature _____ Date _____	
Name _____ Title _____	