USA RUGBY COLLEGIATE PLAYER ELIGIBILITY FORM 2
PLAYERS 16 THROUGH 30

Name of Club: _____ **Name of Institution:** _____

To be completed by the Club					To be completed by the Registrar				
	Alphabetical Student Listing - (please print)	Student Signature	Student ID #	USA Rugby CIPP #	Date of Birth	High School Graduation Date	Is student enrolled full time? (Y or N)	Is student an undergraduate? (Y or N)	Is student in good standing? (Y of N)
16.									
17.									
18.									
19.									
20.									
21.									
22.									
23.									
24.									
25.									
26.									
27.									
28.									
29.									
30.									

THE REGISTRAR MUST COMPLETE AND SIGN THIS FORM AND AFFIX THE INSTITUTION'S SEAL AS VERIFICATION OF PLAYERS' ELIGIBILITY.

I verify that the information above is accurate and that this USA Rugby Player Eligibility Form was completed by the University, with the exception of name, signature, Student ID Number, and USA Rugby CIPP Number.

_____ _____ _____ _____

Please Print Name of Registrar **Signature** **Phone Number** **Date**

As the Supervising Agent, Club Sports Director, Athletic Director, etcetera, I verify that the above named Club/Team is recognized by this institution, in Good Standing, and authorized to represent this University at Local, Territorial, and National Events.

PLACE SEAL HERE

_____ _____

Please Print Name and Title **Signature**

_____ _____

Phone Number **Date**