



USA RUGBY COLLEGIATE PLAYER ELIGIBILITY FORM 3 PLAYERS 31 THROUGH 45



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 or N)
31.									
32.									
33.									
34.									
35.									
36.									
37.									
38.									
39.									
40.									
41.									
42.									
43.									
44.									
45.									

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