



University of Louisiana at Lafayette
Student-Athlete General Information



Personal Information:

Student-Athlete Full Name: _____

Student ID: _____ Gender: _____ Date of Birth: _____

Sport: _____ Class Year: FR SO JR SR

High School Graduation Date: _____ Ethnicity: _____

Background Information:

Brothers and Sisters (names and ages): _____

Interesting Facts about Parents/Siblings: _____

Height: _____ Weight: _____

Future Career Goal: _____

Name of High School: _____ Mascot: _____

District (i.e., 3-5A): _____

Sports Played	Positions	Championship Appearances	Head Coach
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

High School Athletic Awards/Honors: _____

Other High School Awards/Honors: _____

Address Information:

Hometown (city, state): _____ Birthplace: _____

Local Address: _____

City _____ State _____ Zip Code _____

Home Phone: _____ Cell Phone: _____

School Email Address (REQUIRED): _____

Preferred Email Address (leave blank if school email address is preferred): _____

Parents/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Sport Participation/Enrollment History:

Have you ever attended another College or University? YES NO

If yes, please provide the following information:

Academic Year	Name of Institution	Received Athletic Aid	Completed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signature of Student-Athlete Date