

Blazers Athlete Information Form

2022/23

PERSONAL DATA

NAME: _____ DATE OF BIRTH: _____ HEIGHT: _____
MM / DD / YY

SPORT: _____ POSITION: _____ JERSEY #: _____

HOMETOWN (City/Province): _____ HOME ADDRESS: _____

CELL PHONE: _____ EMAIL: _____

ACADEMIC PROGRAM: _____

SPORT HISTORY

MOST RECENT TEAM (prior to 20/21 season): _____ LEVEL/LEAGUE: _____
CLUB / HIGH SCHOOL / COLLEGE / UNIVERSITY

PREVIOUS NUMBER OF YEARS PLAYED IN POST-SECONDARY SPORTS (IN MCAC or OTHER CONFERENCE) : _____

HIGH SCHOOL ATTENDED: _____

CITY/PROVINCE: _____

DATA RELEASE CONSENT

In order to manage and promote the CMU varsity athletics programs in the Manitoba Colleges Athletic Conference (MCAC) and the Canadian Collegiate Athletic Association (CCAA), your consent is required to release personal information (name, age, hometown, high school, previous sport participation, and generalized information about your academic record including cumulative GPA) are requirements to determine eligibility. Due to the special nature of participation in the MCAC or CCAA, information relating to your physical health, injury history and academic status must also be disclosed to the CMU Athletics program, Athletic Therapy support, and head coaches.

If you have any questions about the collection and disclosure of this information, please contact the Athletics Director.

Please read the information and check the relevant boxes below:

- ☐ I have participated in the Student-Athlete Orientation
- ☐ I consent to the disclosure of my personal information about the 2022/23 academic year by the Registrar's Office to the Athletics Department to determine my eligibility to participate in the MCAC and the CCAA.
- ☐ I consent to the disclosure of my personal information about the 2022/23 academic year by CMU Athletics, as appropriate; (name, hometown, high school, year of eligibility, academic program, photos, and other sport-related information to the MCAC, CCAA, media, etc. to determine my eligibility to participate in the MCAC and CCAA.

NAME: _____ DATE: _____
MM / DD / YY

SIGNATURE: _____