

American University Club Sports
Participant Registration Form
Please print legibly.

Name: _____

Club: _____

AU ID #: _____

E-mail: _____

Is this your first semester competing in club sports: Yes No

Classification: _____ Undergrad _____ Grad _____ F/S

of Hours Enrolled: _____

Expected Graduation: _____

Major: _____

Local Address: _____

Cell Phone: _____

Date of Birth: _____

Emergency Contact Information

Parent/Guardian: _____

Permanent Address: _____

Contact Number: _____

Please submit a copy of insurance card (front and back) on separate sheet of paper.