

UNIVERSITY OF FLORIDA



Coach Amanda O'Leary
University Athletic Association, Inc.

PHONE (352) 375-4683 x5410
amandao@gators.uaa.ufl.edu

LACROSSE

Name _____ High School Graduation Date _____
Last First Middle Month/ Year

Address _____ High School Name _____

City _____ School Address _____

State _____ Zip _____ City _____ State _____ Zip _____

Telephone (____) _____ Telephone (____) _____

Social Security Number: _____ Fax (____) _____

Cell Phone (____) _____ Guidance Counselor _____

E-mail Address _____ Counselor Telephone (____) _____

Date of Birth _____ NCAA Clearinghouse Registered _____ Y _____ N

Parents E-mail Address _____ If not, the website is as follows:

www.ncaaclearinghouse.com
(319) 339-3003

Father's Name _____ SAT: (M) _____ (CR) _____ (W) _____

Date(s) Taken _____

Occupation _____ ACT _____ Date(s) Taken _____

College Attended _____ ACT with Writing Component _____ Y _____ N

Mother's Name _____ Date(s) Taken _____

Occupation _____ Unofficial Transcript Attached _____ Y _____ N

College Attended _____ High School GPA _____

Sibling's Names & Ages and college(s) attending: _____ Planned Major _____

_____ High School Coach _____

Age _____ Height _____ Weight _____ Telephone (____) _____ cell (____) _____

Schools You Would Like to Attend (in order) E-mail Address _____

1. _____ Club Team _____

2. _____ Club Coach _____

3. _____ Telephone (____) _____ cell (____) _____

4. _____ E-mail Address _____

5. _____ Have you ever sustained a significant injury? Y _____ N _____

Who will be the most influential in making your college decision? If yes, please explain _____

JERSEY NUMBER H.S. _____ Club _____

POSITION Attack Midfield Defense GK

Academic Honors/ Awards Earned (Note: Continue on Back if Needed) _____