USA RUGBY COLLEGIATE PLAYER ELIGIBILITY FORM

Name of Club/Institution _____ Date Completed _____

	Student Name in Alphabetical Order (please print legibly)	Student Signature	Student ID #	USA Rugby CIPP #	Date of Birth	Date student first enrolled in *this* college?	If transfer, date first enrolled in college?	Is student enrolled full-time? (Y or N)	Is student an undergraduate? (Y or N)
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									

THE REGISTRAR MUST COMPLETE AND SIGN THIS FORM, AND AFFIX THE COLLEGE/UNIVERSITY SEAL AS VERIFICATION OF PLAYERS' ELIGIBLITY.

USA Rugby Collegiate Eligibility Rules:

1. A student-athlete must be enrolled as a full-time undergraduate as defined by his/her college/university and be seeking his/her first Bachelor's degree; with only the following exceptions:
   a. a student-athlete in his/her final term may carry less than a full academic load and remain eligible; and
   b. a student athlete may maintain eligibility after completing and/or receiving an undergraduate degree if that athlete is enrolled full time in post-graduate studies provided that the student athlete is attending the same institution he/she received his/her undergraduate degree.
2. A student-athlete has five (5) years of eligibility from the beginning of the term in which he/she enrolled in his/her first undergraduate program.
3. A student-athlete must play on the team representing the college/university in which he/she is enrolled.

For any questions about these Eligibility Rules, contact USA Rugby (303-539-0300 x132) or you may consult the USA Rugby website at www.usarugby.org.

I verify that the above named students meet the eligibility requirements as described, and that this form and all copies were completed by the college/university (with the exception of name, signature, student ID#, and USA Rugby CIPP#).

_____ _____ _____ _____ ***PLACE SEAL BELOW***

Name of Registrar Signature Phone # Date

As the supervising agent (club sports director, athletic director, etc.), I verify that the above named team is recognized by this institution, is in good-standing, and is authorized to represent this college/university at local, territorial and national events.

_____ _____ _____ _____

Name and Title Signature Phone # Date