SOCCER PROSPECT QUESTIONNAIRE

Name ____________________________________________

Cell # ______________________

Hometown _______________________________

High School ______________________________

ACT Score _________

Club Team ___________________________

Soccer Awards ________________________________________________________

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Previous College(s) _______________________________________________________

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Preferred Foot ______

Preferred Position ____

Southwest Mississippi Community College does not discriminate on the basis of race, color, national origin, age, sex, religion, or disability in its programs, activities or employment practices. The following persons have been designated to handle inquiries and grievances regarding the non-discrimination policies: Mrs. Rhonda Gibson, Director of Disability Support Services, 601-276-3885; Ashley Gray, Director of Student Activities and Housing and Title IX Coordinator, 601-276-3732; SMCC, 1156 College Drive, Summit, MS 39666.
LIABILITY WAIVER

I, the undersigned, understand that Southwest Mississippi Community College is not liable for any injury that may occur during this tryout.

I also understand that SMCC will take no responsibility for damages of any sort.

________________________________________
Print Name

________________________________________
Signature

________________________________________
Parent’s Name (if prospect is under 18)

________________________________________
Parent’s Signature (if prospect is under 18)

________________________
Date

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