SOCCER PROSPECT QUESTIONNAIRE

Name ___________________________________

Cell # ______________________

Hometown/State ______________________________

High School ______________________________

ACT Score _________

Club Team ______________________________

Soccer Awards _______________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

Previous College(s) _____________________________________________________

_____________________________________________________________________

_____________________________________________________________________

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; Dr. Brent Gregory, Vice President for Student Affairs and Title IX Coordinator, 601-276-3717; SMCC, 1156 College Drive, Summit, MS 39066.
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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