



# Douglas College

**Athletics Sport:** \_\_\_\_\_

## Letter of Intent

*\*to be completed by all  
new Douglas College Student-Athletes only*

### SECTION 1: General Information

Date (MM/DD/YY)			
Surname		First Name	
DC Student Number			
Program		Birthdate (MM/DD/YY)	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Address			
City		Prov	Postal Code
Phone Number			
High School Attended		Email	
Citizenship	Social Insurance Number	BC Medical Number	

### SECTION 2: Academic/Eligibility

List all previous post-secondary athletics participation, including Douglas College:

#### Previous Post-Secondary Athletics Participation?

☐ YES ☐ NO

College/University	Student Number	Sport	Please list specific year(s):
College/University	Student Number	Sport	Please list specific year(s):

### SECTION 3: Financial Award?

☐ YES ☐ NO ☐ CONDITIONAL

**Amount  
or credit value**

Fall:	Winter:
-------	---------

Check applicable box.

Conditions:	<input type="checkbox"/> Be a current member, in good standing with the team for the <b>entire academic year</b> and meet the following conditions:
Check applicable box:	<input type="checkbox"/> Be Registered & Pass a minimum of 9 credit hours ; <b>maintaining a CGPA of at least 1.67 (C-) per semester.</b>
<b>NWAAC only</b>	<input type="checkbox"/> 2nd year athlete must have completed 24 credits and have GPA of 2.00 prior to Winter Semester for Spring Competition.
	<input type="checkbox"/> Attend ALL team events; including but not limited to practices, scrimmages/exhibition games, league games, fitness sessions.
	<input type="checkbox"/> Attend the CCL Student-Athlete Orientation & respect the Douglas Student-Athlete Code of Conduct
	<input type="checkbox"/> Attend ALL classess and complete ALL course work, assignments, exams , etc...
	<input type="checkbox"/> If injured, complete a prescribed rehabilitation program with the intent to compete again within the semester/season.
	<input type="checkbox"/> Help with ALL team fundraising activities, including evening and weekend leagues/tournaments throughout the year.

### ATHLETIC REPRESENTATIVE WAIVER & ATHLETE WAIVER FORM

Pursuant to the *Freedom of Information and the Protection of Privacy Act of British Columbia* (1994), I hereby authorize and direct you to release to Douglas College Centre for Campus Life (CCL) specified representative, the BCCAA, the CCAA, the NWAACC, and the NCWA information concerning my academic and medical records to confirm eligibility requirements to participate in the BCCAA, the CCAA, the NWAACC, and the NCWA. I also agree that any information, statements or photos collected under the authority of Douglas College may be used by the Centre for Campus Life department to make award and team selection decisions and to prepare travel arrangements, applications for BC AAP, statistical records, press releases and other promotional material.

Signature - Athlete

Date (MM/DD/YY)

Signature - Athletics Director

Date (MM/DD/YY)

WHITE - Department

YELLOW - Coach

PINK - Student/Athlete