



Southern State Community College Athletics Prospective Student Athlete Questionnaire

GENERAL INFORMATION

Name: _____ Nickname: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Mobile: _____ E-mail: _____

Date of Birth: _____ Parent/Guardians' Name: _____

ATHLETIC INFORMATION (High School)

Sport(s): _____

Position(s): _____

Statistics: _____

Team Records (last season of participation): _____

Athletic Honors: _____

ATHLETIC INFORMATION (Club Team)

Club Team Name: _____ City: _____

Position(s): _____ Team Record: _____

ATHLETIC INFORMATION (Previous College)

College Name: _____ Sports: _____

Position(s): _____ Team Record: _____

COACH'S INFORMATION: (List All: High School, Club, College)

High School Coach: _____ Phone: _____

Club Coach: _____ Phone: _____

College Coach: _____ Phone: _____

ACADEMIC INFORMATION (High School or College Transfer)

High School/College: _____ GPA: _____ Graduation Year: _____

Address: _____ City: _____ State: _____ Zip: _____

Intended Major/Major: _____