



# Mount Mystics 2021-2022

## Player Profile

### STUDENT ATHLETE INFORMATION PLEASE PRINT CLEARLY:

**SPORT:** \_\_\_\_\_ **YEAR:** \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Uniform #: \_\_\_\_\_

MSVU Student ID#: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_

Local Address: \_\_\_\_\_ Province \_\_\_\_\_

Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_ Phone: (H): \_\_\_\_\_ (C): \_\_\_\_\_

Home Town: \_\_\_\_\_ High School \_\_\_\_\_

Athlete E-Mail: \_\_\_\_\_

Province Medical Number (MANDATORY): \_\_\_\_\_ Expiry: \_\_\_\_\_

Current allergies & medical conditions: \_\_\_\_\_

Concussion history: \_\_\_\_\_

Awards, Accomplishments, Highlights for the previous 3 Years: \_\_\_\_\_

### ELIGIBILITY – STUDENT ATHLETE INFORMATION

Year of Study – please indicate 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup> or 5<sup>th</sup>: \_\_\_\_\_

Program of Study: \_\_\_\_\_ Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Commencement Year at MSVU: \_\_\_\_\_ Estimated Completion Year: \_\_\_\_\_

Year(s) playing as a Mount Mystic – INCLUDE THIS YEAR: \_\_\_\_\_

Have you ever signed a Pro or Amateur contract to play sports? Yes or No: \_\_\_\_\_

Have you previously attended another postsecondary institution? Yes or No: \_\_\_\_\_

Have you previously participated in postsecondary intercollegiate athletics? Yes or No: \_\_\_\_\_

If Yes to any of the questions above, please provide details: Prior University/College You Played For:

1. Year(s): \_\_\_\_\_ University: \_\_\_\_\_ Sport: \_\_\_\_\_

2. Year (s): \_\_\_\_\_ University: \_\_\_\_\_ Sport: \_\_\_\_\_

**Note: A Varsity Student Athlete competing in the ACAA has a maximum of 5 years of eligibility. Having your name appear on an official game sheet in a league game/match in an ACAA sport, will constitute the use of 1 year's eligibility.**

### PARENT/GUARDIAN INFORMATION

Parent/Guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email(s): \_\_\_\_\_

Alternate Emergency Contact: \_\_\_\_\_ Relationship to Athlete: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_