



# NCAA Release of Information Form

Athlete Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Athlete's Cell: \_\_\_\_\_

Athlete's Email: \_\_\_\_\_

Mom's Name: \_\_\_\_\_ Dad's Name: \_\_\_\_\_

Mom's Cell: \_\_\_\_\_ Mom's Email: \_\_\_\_\_

Dad's Cell: \_\_\_\_\_ Dad's Email: \_\_\_\_\_

Region: \_\_\_\_\_ Level: \_\_\_\_\_ Age Group: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Year in School: \_\_\_\_\_

Club Name: \_\_\_\_\_

Club Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Coach Name: \_\_\_\_\_ Email: \_\_\_\_\_

Club Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

*Yes, I give USA Gymnastics and the 2015 JO Nationals Local Organizing Committee permission to release the athlete contact information on this form to NCAA gymnastics coaches for recruiting purposes only.*

Gymnast's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(Required if gymnast is under age 18)*

Printed Parent Name: \_\_\_\_\_

\* Please complete this form for every gymnast. Information will not be released to the NCAA without a parent signature.

<p><b>All Coaches</b></p> <p>Give this completed form from each athlete to your Regional Chairman following your Regional Championship Competition.</p>	<p><b>Regional Directors</b></p> <p>NCAA forms should be included with all JO Nationals entries and mailed to:</p> <p style="text-align: center;"><b>Al Scharns, Branch Gymnastics</b>  <b>393 N. Helmer Rd.</b>  <b>Battle Creek, MI 49037</b></p>
---	---