



SAIIE

"Your Life Experience; Your Education"

SAIIE Athletic Program Student athletic form

Last Name		First Name			
Middle Name		Date of Birth (MM/DD/YY)			
Place of Birth (City, State, Country)					
Height		Weight			

Please mark with an "X" where necessary

Choose a sport program:

Soccer ____ Rowing ____ Volleyball ____ Rugby ____ Basketball ____ Swimming ____ Water Polo ____

What term would you like to participate at SAIIE?

Spring, 2018 ____ Summer I, 2018 ____ Summer II, 2018 ____ Summer I and II, 2018 ____ Fall 2018 ____

Did you play, swim or row at high school? YES ____ / NO ____

Which high school? _____

How many years have you been playing, swimming or rowing at college level? _____

Which College? If more than one please specify. _____

What position do you play, swim or row at? _____

What are your best results in "Concept Rowing Ergometer" 2K and 6K (Only for rowers)?

What are your best swimming results in your specialties (Only for swimmers)?



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_____	_____	_____
_____	_____	_____
_____	_____	_____

Please note: This section is for your current college coach to fill out.

How many years have you coached the student?

Would you recommend your student-athlete to participate in our study abroad/athletic program?

Coach Name (Please print)

Last Name (Please print)

Signature

____-/____-/_____
Date