



CALHOUN
COMMUNITY
COLLEGE

Calhoun Community College
Athletic Program Application

Return or Deliver to: Athletic Department, P.O. Box 2216, Decatur, AL 35609
(256) 306-2500 or 1-800-626-3628. Also visit www.calhoun.edu.

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Social Security Number _____ Birthdate: ____ / ____ / ____

High School _____ High School Phone _____

High School Coach _____ Coach Home Phone _____

Have you completed an Application for Admission to Calhoun? Yes No
Have you completed an Application for a Pell Grant? Yes No

In case of emergency please contact:

Name _____ Relationship: _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

I certify that all information provided is true and correct. My signature also indicates that I do not hold Calhoun Community College responsible for any accidents that may occur as a result of my participation in the Athletic Program. I understand that this form is used to collect information on applicants at athletic program tryouts, and in no way guarantees my acceptance into the program or assures my placement in a team sport.

Applicant Signature

Parents/Guardian Signature