

AUGUSTA STATE UNIVERSITY ATHLETICS

Student-Athlete Questionnaire

Sport _____

Date _____

General Information

Name: (Last) _____ (First) _____ (Middle) _____

Name you prefer to go by: _____ Height: _____ Age: _____ Class: _____

Hometown: (Address) _____

City: _____ State: _____ Zip: _____

ASU Address: _____

City: _____ State: _____ Zip: _____

ASU Phone Number: _____

Email Address (include those of family and friends also): _____

Birthplace: _____ Date of Birth: _____

Parent's Name: _____

Parent's Address (if different from above): _____

City: _____ State: _____ Zip: _____

Brothers and Sisters: _____

High School Information

High School/Academy/Institute Attended: _____

Region/District/Conference: _____

Location (City/State/Country (if applicable): _____

Years Attended: _____ Year Graduated: _____

High School Coach: _____

Sports Lettered In (with years): _____

Individual Honors Won: _____

Team Honors Won: _____

Other Awards (Scholastic): _____

College/Junior College Information (for transfers)

College Attended: _____ Location (City/State): _____

Years Attended: _____ Year Graduated: _____

College Coach: _____

Sports Lettered In (with years): _____

Individual Honors Won: _____

Team Honors Won: _____

Other Awards (Scholastic): _____

Club Ball

Club Team: _____

Location (City/State/Country): _____

Coach: _____

Individual Honors Won: _____

Team Honors Won: _____

Statistics: _____

Personal Information

College Major: _____

Hometown Newspapers: _____

Hometown Television/Radio Stations: _____

Any Special Skills: (List) _____

Family Members in Sports (list name, relation, sports team): _____

Ways you prefer to spend your free time: _____

Hobbies: _____

Career Goals: _____

Goals for Upcoming Season: _____

Favorite Food: _____ Favorite Athlete: _____

Person You Admire the Most: _____

Greatest Athletic Thrill: _____

I'd like to switch places for a day with: _____

My favorite pre-game ritual: _____

Favorite movie: _____

Favorite TV Show: _____

Favorite Vacation Spot: _____

Favorite Actor: _____ Favorite Actress: _____

Favorite Sport Other than the one you play? _____

I'd like to eat dinner with? _____

Favorite Singer/Musician or Musical Group? _____

If you could be a certain character in a movie, who would it be and in what movie? _____

I authorize the release of information in this questionnaire to news media and for the promotion of the athletic program at Augusta State University (information such as phone numbers and addresses will not be released).

Signed: _____ Date: _____